

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

381

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. # 1or Village Near Gainesboro

or City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 441Primary Registration District No. 44401File No. 4

Registered No. \_\_\_\_\_

(If death occurred in a hospital or institution, state its NAME instead street and number.)

2 FULL NAME Doct. Allen

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed6 DATE OF BIRTH Febry 17, 1924  
(Month) (Day) (Year)7 AGE about 86 years old If LESS than 1 day, ---- hrs. or ---- min.?  
-----yrs.-----mos.-----ds.8 OCCUPATION (a) Trade, profession, or particular kind of work had been a farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) DOU9 BIRTHPLACE (State or country) don't knowPARENTS  
10 NAME OF FATHER " "  
11 BIRTHPLACE OF FATHER (State or country) " "  
12 MAIDEN NAME OF MOTHER " "  
13 BIRTHPLACE OF MOTHER (State or country) " "

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D.P. Anderson(Address) Gainesboro Tenn. Route # 4\* Supervisor and Corp. Clerk.Filed Feb 18, 1924 Mar M H Little  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Febry 17, 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from See him several times at home 191, to \_\_\_\_\_, 191that I last saw him alive on don't remember, 191

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows: 75aHemiplegia - was completely Paralyzed fell out of chair. Could not swallow any thing did soon.  
(Duration) ---- yrs. ---- mos. ---- ds.Contributory (SECONDARY) \_\_\_\_\_  
(Duration) ---- yrs. ---- mos. ---- ds.(Signed) Henry P. Laffin, M. D.Febry 18, 1924 (Address) Gainesboro, Tenn

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ---- yrs. ---- mos. ---- ds. In the State ---- yrs. ---- mos. ---- ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL don't know DATE OF BURIAL \_\_\_\_\_, 19120 UNDERTAKER don't know ADDRESS \_\_\_\_\_MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.