

STATE OF TENNESSEE

384

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 12OR
Village MayfieldOR
City _____Registration District No. 44412Primary Registration District No. 19File No. 7Registered No. 7

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Henderson Lane (No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH October 7 1890
(Month) (Day) (Year)7 AGE 33 yrs. 4 mos. 15 da. If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION Farmer Retired 2 yrs on Bad health
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER W T Lane11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Jodie Helatt13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] W T Lane[Address] Gainedboro Tenn R315 Filed Mar 5 1924 Ans B Billingsley
Gainedboro Tenn R3 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 22 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from over 2 yrs 1921 to Death 1924
that I last saw him alive on February 1924
and that death occurred, on the date stated above, at 1 P M
The CAUSE OF DEATH* was as follows: 31
Tuberculosis of the lungs
Hereditary a Family couple
[Duration] 2 yrs 4 mos

Contributory [SECONDARY]

[Duration] yrs. mos. da.
Dr N M McLean M.D.
Mar 5 1924 Address Gainedboro Tenn R3

* 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. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death?
Farm or usual residence.19 PLACE OF BURIAL OR REMOVAL Young Cemetery DATE OF BURIAL Feb 23 192420 UNDERTAKER Will Harris ADDRESS Mayfield TennWRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

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.