STATE OF TENNESSEE 400

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

WRITE 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.

1 PLACE OF DEATH

County Jackson

Civil Dist. No. 15

OR Village

OR City (No. , St.; Ward)

Registration District No. 4415

Primary Registration District No.

File No. 4

Registered No.

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

2 FULL NAME Ariniel Gann

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: May 28 (Month) (Day) 1843 (Year)

7 AGE: 80 yrs. 10 mos. 12 ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Tenn

PARENTS

10 NAME OF FATHER: Elias Gann

11 BIRTHPLACE OF FATHER [State or country]: Tenn

12 MAIDEN NAME OF MOTHER: Jane Morris

13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15

Filed 4/11 1911 mo4 m. Cann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 3rd (Day) 1911 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191 , to , 191
that I last saw h alive on , 191
and that death occurred, on the date stated above, at M.
The CAUSE OF DEATH* was as follows:

Sutra-Capsular Fracture of L Hip Joint 185

[Duration] yrs. mos. ds.

Contributory [SECONDARY] Face

[Duration] yrs. mos. ds.

Signed Dr who attended in M.
in . Address

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

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death yrs. mos. ds. In the State yrs. mos.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Gann Cemetery

DATE OF BURIAL: Apr 1911

20 UNDERTAKER

ADDRESS