

MARGIN DECEASED FOR DISTRICT...  
 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.

STATE OF TENNESSEE 426

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. first  
 OR  
 Village Gainsboro  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44  
 Primary Registration District No. 4401

File No. 15

Registered No. \_\_\_\_\_  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Call Heady

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Writes the word)

6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

7 AGE 87 yrs. 00 mos. 00 ds.  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION Farmer  
 (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) Ill

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] Daisy Heady  
 [Address] Gainsboro R1

15 Filed Aug 8, 1924 Mr M H Smith  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 8 1924  
(Month) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 192\_\_\_\_ to \_\_\_\_\_ 192\_\_\_\_  
 that I last saw him alive on \_\_\_\_\_ 192\_\_\_\_  
 and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows: Old age 164

[Duration] yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] yrs. mos. ds.

Signed Chas E Rivers M. D.  
 \_\_\_\_\_ Address Gainsboro Tenn

\* State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSE, 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 Phon Cemetery DATE OF BURIAL Aug 9, 1924

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_