

STATE OF TENNESSEE

429

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County _____

Civil Dist. #1Registration District No. 441File No. 11or
Village _____Primary Registration District No. 4416 of

Registered No. _____

or
City Gainesboro

(No. _____, _____ St.; _____ Ward)

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

2 FULL NAME Lewis Stellas

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____, 1 _____ (Month) (Day) (Year)

7 AGE 74 yrs. mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?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) OOO9 BIRTHPLACE (State or country) don't know

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 Route # 415 Filed June 29, 1924 Miss M. H. Little

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 16, 1924 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from had not been seen for some time 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at 100 m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic 129

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 _____

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Henry P. Saffin, M. D.June 17, 1924 (Address) Gainesboro

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

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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 Poor house cemeteryDATE OF BURIAL June 17, 1924

20 UNDERTAKER _____ 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.