

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 13
 or
 Village _____
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

485

CERTIFICATE OF DEATH

Registration District No. 44413
 Primary Registration District No. 13

File No. 101
 Registered No. 101

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

2 FULL NAME Martin S. Speakman

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 16 1853
 (Month) (Day) (Year)

7 AGE 71 yrs. 9 mos. 1 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Painter 394
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Thomas Speakman

11 BIRTHPLACE OF FATHER (State or country) Sout. Iowa

12 MAIDEN NAME OF MOTHER Mary Walker

13 BIRTHPLACE OF MOTHER (State or country) Sout. Iowa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] B. Keeling
 [Address] Whitesville

15 Filed Dec 18 1924 J. Keeling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 17 1924
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 11 1924 to Dec 16 1924, that I last saw him alive on Dec 16 1924

and that death occurred, on the date stated above, at 7:15 AM
 The CAUSE OF DEATH* was as follows: 750

Paralysis, Hemiplegia

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

Signed Dec 17 1924 Address Whitesville M. D.

* 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 71 yrs. 9 mos. 1 ds. In the State 71 yrs. 9 mos. 1 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence:

19 PLACE OF BURIAL OR REMOVAL Keeling County DATE OF BURIAL Dec 17 1924

20 UNDERTAKER None ADDRESS _____