

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

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

997

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

Registration District No. 441
Primary Registration District No. 44401

File No. 1

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

2 FULL NAME Thomas G Meadows

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov 9 1854
(Month) (Day) (Year)

7 AGE 72 yrs. 9 mos. 2 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) Tenn.

PARENTS

10 NAME OF FATHER Johnny Meadows

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Miss Paul

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15 Filed Dick 1927 Nov 11 H. H. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 15 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1927 to Jan 15 1927, that I last saw him alive on Jan 15 1927 and that death occurred, on the date stated above, at 11:00 M

The CAUSE OF DEATH* was as follows:
Uremia, with Hypertension and Arteriosclerosis
[Duration] 25 yrs. _____ mos. _____ ds.

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

Signed V. C. Grew M. D.
Jan 19 1927 Address Gainsboro Tenn.

* 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. _____ 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 Dickson Gravel Yard DATE OF BURIAL Jan 17 1927

20 UNDERTAKER Drap. Drap. Co. Gainsboro Tenn. ADDRESS _____