

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. No. 1  
 OR  
 Village .....  
 OR  
 City (No. .... St.; .... Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

12950

CERTIFICATE OF DEATH

Registration District No. 441  
 Primary Registration District No. 44401

File No. 10

Registered No. ....

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

2 FULL NAME Rev Kirkpatrick

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH ..... 1945  
 (Month) (Day) (Year)

7 AGE 82 yrs. 23 mos. 3 ds. If LESS than 1 day, .... hrs. or .... min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. Farmer 000  
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Gainesboro Tenn

10 NAME OF FATHER Poling Kirkpatrick

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Almina Kirkpatrick

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] R. T. Roddy  
 [Address] Gainesboro, Tenn

15 Filed 1927 May 14 Scotter  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 20 1927  
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from May 15 1927, to May 20, 1927, that I last saw him alive on May 20, 1927 and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH\* was as follows:  
Cerebral apoplexy  
749  
 [Duration] .... yrs. .... mos. 5 ds.

Contributory [SECONDARY] .....  
 [Duration] .... yrs. .... mos. .... ds.  
 Signed R. C. Gaw M. D.  
6/10 1927 Address Gainesboro, Tenn

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 Williams Cemetery DATE OF BURIAL May 21, 1927

20 UNDERTAKER Drapers & Drapers ADDRESS Gainesboro, Tenn