

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

17898

1 PLACE OF DEATH
 County Jackson
 Civil Dist. # 4
 OR
 Village _____
 OR
 City _____

Registration District No. 44404
 Primary Registration District No. _____

File No. _____

Registered No. 3

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

2 FULL NAME Sam S Pollet

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 (Write the word)
 6 DATE OF BIRTH Feb 15 1859
 (Month) (Day) (Year)

7 AGE 68 yrs. 6 mos. 1 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Kennedy Pollet11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Louisa Barnes13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Jessie Pollet[Address] Red Bailing Springs

15

Filed Aug 17 1927 Pat Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 16 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 10 1924 to Aug 16 1927, that I last saw him live on Aug 16 1927 and that death occurred, on the date stated above, 2:40 M

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis 129

[Duration] 7 yrs. _____ mos. _____ ds.Contributory arteriosclerosis[Duration] 5 yrs. _____ mos. _____ ds.Signed H. B. Clark, M.D. M. D.Aug 24 1927 Address Red Bailing Springs

* 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 Red Bailing Springs19 PLACE OF BURIAL OR REMOVAL Keith CemeteryDATE OF BURIAL 8-17 192720 UNDERTAKER Lon WittADDRESS Willetts

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.