

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  
 CERTIFICATE OF DEATH 20183  
 Registration District No. 444 File No. 16  
 Primary Registration District No. 444a Registered No. \_\_\_\_\_

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

| PERSONAL AND STATISTICAL PARTICULARS   |   |   | MEDICAL CERTIFICATE OF DEATH   |  |
|--|---|---|--|--|
| 3 SEX<br><u>M</u>  | 4 COLOR OR RACE<br><u>M</u>   | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Widowed</u><br>(Write the word)   | 16 DATE OF DEATH<br><u>Sept 7</u> 192 <u>7</u><br>[Month] [Day] [Year]   |  |
| 6 DATE OF BIRTH<br>_____, _____, _____<br>(Month) (Day) (Year)                           |   |   | 17 I HEREBY CERTIFY, That I attended deceased from<br><u>Aug 1st</u> 192 <u>5</u> to <u>Sept 7</u> 192 <u>7</u><br>that I last saw h.l. alive on <u>Sept 7</u> 192 <u>7</u><br>and that death occurred, on the date stated above, at <u>10 P. M.</u> |  |
| 7 AGE<br><u>81</u> yrs. <u>8</u> mos. <u>24</u> ds.                                      | If LESS than 1 day, _____ hrs. or _____ min.?                                 |   | 18 CAUSE OF DEATH* was as follows:<br><u>Cerebral apoplexy</u>   |  |
| 8 OCCUPATION<br>(a) Trade, profession, or particular kind of work<br><u>Farmer</u>       |   |   | [Duration] <u>2</u> yrs. _____ mos. _____ ds.  |  |
| 9 BIRTHPLACE<br>(State or country)<br><u>Tenn.</u>                                       |   |   | Contributory [SECONDARY]<br>[Duration] _____ yrs. _____ mos. _____ ds.   |  |
| PARENTS  | 10 NAME OF FATHER<br><u>Don't know</u>  | Signed <u>N.C. Gault</u> M. D.<br><u>9-21-</u> 192 <u>7</u> Address <u>Franklin</u>   |  |  |
|  | 11 BIRTHPLACE OF FATHER<br>[State or country]<br><u>Tenn.</u>                 | * 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.   |  |  |
|  | 12 MAIDEN NAME OF MOTHER<br><u>Don't know</u>                                 | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)<br>At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.<br>Where was disease contracted, if not at place of death?<br>Former or usual residence _____ |  |  |
| 13 BIRTHPLACE OF MOTHER<br>[State or country]<br><u>Tenn.</u>                            | 19 PLACE OF BURIAL OR REMOVAL<br>DATE OF BURIAL<br><u>Sept 8</u> 192 <u>7</u> |   |  |  |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>[Informant] _____<br>[Address] _____ |   |   | 20 UNDERTAKER<br><u>Decker and Goble</u>   |  |
| 15<br>Filed <u>Oct 7</u> 192 <u>7</u> <u>Max H. Hutto</u><br>REGISTRAR                   |   |   | ADDRESS<br><u>Franklin</u>   |  |