

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			STATE OF TENNESSEE		
County <u>Jackson</u>			STATE BOARD OF HEALTH		
Civil Dist <u>No 1</u>			Bureau of Vital Statistics		
OR			CERTIFICATE OF DEATH		
Village <u>Gainesboro</u>			Registration District No. <u>441</u>		
OR			File No. <u>27049</u>		
City <u>Gainesboro</u> (No. <u> </u> , St.; Ward)			Primary Registration District No. <u>244a</u>		
Registered No. <u> </u>			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME <u>Martin Young Settle</u>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)			
<u>male</u>	<u>white</u>	<u>married</u>			
6 DATE OF BIRTH					
<u>January</u>		<u>8</u>		<u>1960</u>	
(Month)		(Day)		(Year)	
7 AGE					
<u>67</u> yrs.			If LESS than 1 day, hrs. or min.?		
8 OCCUPATION					
(a) Trade, profession, or particular kind of work <u>Former carpenter</u>					
(b) General nature of industry, business, or establishment in which employed (or employer) <u>OOD</u>					
9 BIRTHPLACE (State or country) <u>Gainesboro Jackson Co</u>					
PARENTS					
10 NAME OF FATHER <u>J. Settle Sr</u>					
11 BIRTHPLACE OF FATHER [State or country] <u>Tennessee</u>					
12 MAIDEN NAME OF MOTHER <u>Mary Young</u>					
13 BIRTHPLACE OF MOTHER [State or country] <u>Jackson</u>					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
[Informant] <u>Mrs M H Settle</u>					
[Address] <u>Gainesboro</u>					
15					
Filed <u>Jan 8</u> 192 <u>8</u> <u>Mrs M H Settle</u> REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH <u>Dec 8</u> 192 <u>7</u>					
[Month]		[Day]		[Year]	
17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 20</u> 192 <u>7</u> to <u>Dec 7</u> 192 <u>7</u> , that I last saw him alive on <u>Dec 8</u> 192 <u>7</u> and that death occurred, on the date stated above, at <u>2 A</u> M The CAUSE OF DEATH* was as follows: <u>Pulmonary abscess</u>					
[Duration] <u>2</u> yrs. <u> </u> mos. <u> </u> ds.					
Contributory [SECONDARY] <u> </u>					
Signed <u>R. C. Gaud</u> M. D.					
<u>1-5</u> 192 <u>8</u> Address <u>Gainesboro</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.					
18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]					
At place of death <u> </u> yrs. <u> </u> mos. <u> </u> ds.			In the State <u> </u> yrs. <u> </u> mos. <u> </u> ds.		
Where was disease contracted, if not at place of death?					
Former or usual residence <u> </u>					
19. PLACE OF BURIAL OR REMOVAL <u>Cemetery</u>				DATE OF BURIAL <u>Dec 8</u> 192 <u>8</u>	
20. UNDERTAKER <u> </u>				ADDRESS <u>Gainesboro</u>	