

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1850

1 PLACE OF DEATH
County Jackson
Civil Dist. No. 6
OR
Village _____
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. 4440
Primary Registration District No. _____

File No. 1
Registered No. _____

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

2 FULL NAME John Braxton Elkins

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 24 1864
(Month) (Day) (Year)

7 AGE 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Ben Elkins

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Carline Hamblin

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Arak Elkins

[Address] Gainesboro Tenn

15
Filed Feb. 9, 1929 Mad. J. H. Norton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 24, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1st 1928, to Jan 24, 1929, that I last saw him live on Jan 24, 1929, and that death occurred, on the date stated above, at 12:30 M

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
31

[Duration] 1 yrs. mos. ds.

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

Signed N. B. Grew M. D.
25, 1929 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.

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 Thomas Cemetery **DATE OF BURIAL** 1-25, 1929

20 UNDERTAKER None **ADDRESS** _____

DO NOT TEAR OUT

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.