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.*

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1854

1 PLACE OF DEATH

County Oak

Civil Dist. 15

or Village

or City (No. , St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration District No. 44415

Primary Registration District No.

File No. 1

Registered No.

2 FULL NAME James Gilpatrick

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): X

6 DATE OF BIRTH: (Month) (Day) 1 (Year)

7 AGE: 22 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country): Ten

PARENTS

10 NAME OF FATHER: Francis Gilpatrick

11 BIRTHPLACE OF FATHER [State or country]: Ten

12 MAIDEN NAME OF MOTHER: Almary Kilpatrick

13 BIRTHPLACE OF MOTHER [State or country]: Ten

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15 Filed 191 Mrs Ina Caron REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 [Month] 19 [Day] 1929 [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191 , to 191 , that I last saw h alive on 191 and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:

Flu x Pneumonia 11a

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed R C E Reeves M. D.

191 Address

* 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: Free State

DATE OF BURIAL: Jan 21 1929

20 UNDERTAKER

ADDRESS

Form V. S. No. 4—20M. Tennessee Industrial School Print.