

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. 701
or
Village _____
or
City Gainesboro, Tenn. (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

5285

Registration District No. 441
Primary Registration District No. 2460

File No. 3
Registered No. _____

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

2 FULL NAME Mildred Adeline Patterson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, married, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH _____ (Month) _____ (Day), 1 _____ (Year)

7 AGE 87 If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER John Patterson

11 BIRTHPLACE OF FATHER (State or country) State of Ky

12 MAIDEN NAME OF MOTHER Mary Ann

13 BIRTHPLACE OF MOTHER (State or country) don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) My Patterson (Address) Gainesboro

15 Filed Mar 19 1929 M. H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 5, 1929 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 30, 1929, to Feb 5, 1929, that I last saw him alive on Feb 5, 1929, and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Old & Arteriosclerosis

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) C. E. Rivers, M.D. Feb 6, 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 Low State Cemetery DATE OF BURIAL _____, 191____

20 UNDERTAKER Joseph W. Little ADDRESS _____