

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. No 1
OR
Village Haydenburg
OR
City Haydenburg (No. 22)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1929
5288

Registration District No. 44402
Primary Registration District No. 2

File No. 1
Registered No. 1

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

2 FULL NAME Mrs. Albertine J. Gorman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F 4 COLOR OR RACE Wh 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)
6 DATE OF BIRTH Nov 13 1869
(Month) (Day) (Year)
7 AGE 59 yrs. 2 mos. 29 ds. If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER David Trafer

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Jane Lee

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____

15 Filed Feb 15 1929 Albany M. Gandy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1 1929 to July 10 1929, that I last saw h.v. alive on July 10 1929 and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Bladder
and Stomach
[Duration] 2 yrs. _____ mos. _____ ds.

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

Signed R. C. Gandy M. D.
2/12 1929 Address Haydenburg 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 Lakewood Cemetery DATE OF BURIAL 2/12 1929

20 UNDERTAKER Wagon & Undertaking ADDRESS _____