

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

8098

File No. 7

Registered No.

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

1 PLACE OF DEATH  
County Jackson  
Civil Dist. No 1  
OR  
Village Near Gainesboro  
OR  
City Gainesboro, Tenn.

Registration District No. 441  
Primary Registration District No. 44401  
No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

2 FULL NAME Riggie Johnson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Caucasian 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
(Write the word)

6 DATE OF BIRTH Febry 24 1929  
(Month) (Day) (Year)

7 AGE 63 She said If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. mos. ds.

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

9 BIRTHPLACE (State or country) don't know

10 NAME OF FATHER don't know

11 BIRTHPLACE OF FATHER [State or country] don't know

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER [State or country] don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] O.P. Anderson P.H. Keeper

[Address] Gainesboro, Route 4

15 Filed Apr 9 1929 Mrs M.H. Suttis

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Febry 24 1929 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from seen her several times 1929 to 1929, that I last saw her alive on Febry 17 1929 and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:  
acute Bright's Disease  
128

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed C.E. Reeves M.D.

7th 10<sup>th</sup> 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 State whether or not an operation was performed.

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 don't know DATE OF BURIAL Apr 25 1929

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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.