

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 2.—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			STATE OF TENNESSEE		
County <u>Jackson</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>13</u>			Bureau of Vital Statistics		
OR			CERTIFICATE OF DEATH		
Village			Registration District No. <u>44413</u>		
OR			Primary Registration District No. <u>13</u>		
City			File No. _____		
(No. _____, St.; Ward)			Registered No. _____		
2 FULL NAME <u>George Wellington Birdwell</u>					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>		4 COLOR OR RACE <u>White</u>		5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> <small>(Write the word)</small>	
6 DATE OF BIRTH <u>Feb-26</u> , 18 <u>36</u> <small>(Month) (Day) (Year)</small>					
7 AGE <u>92</u> yrs. <u>11</u> mos. <u>10</u> ds.				If LESS than 1 day, _____ hrs. or _____ min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Fanner 000</u> (b) General nature of industry, business, or establishment in which employed (or employer) <input checked="" type="checkbox"/>					
9 BIRTHPLACE (State or country) <u>Tenn</u>					
PARENTS	10 NAME OF FATHER <u>Joseph Birdwell</u>				
	11 BIRTHPLACE OF FATHER (State or country) <u>V. a.</u>				
	12 MAIDEN NAME OF MOTHER <u>Jane Ford</u>				
	13 BIRTHPLACE OF MOTHER (State or country) <u>V. a.</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Ms. Alice Ford</u> [Address] <u>Whitwell Tenn</u>					
15 Filed <u>Nov-27</u> 19 <u>29</u> <u>[Signature]</u> REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH: <u>Feb-6</u> 19 <u>29</u> <small>(Month) (Day) (Year)</small>					
17 I HEREBY CERTIFY, That I attended deceased from <u>Feb-3</u> 19 <u>29</u> to <u>Feb-6</u> 19 <u>29</u> , that I last saw him alive on <u>Feb-6</u> 19 <u>29</u> and that death occurred, on the date stated above, at <u>11 P. M.</u> The CAUSE OF DEATH* was as follows: <u>75 a Hemoplegia</u>					
[Duration] _____ yrs. _____ mos. _____ ds.					
Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.					
Signed <u>[Signature]</u> M. D. <u>Ruby</u> 19 <u>29</u> Address <u>Whitwell</u>					
* 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 <u>92</u> yrs. <u>11</u> mos. <u>10</u> ds. In the <u>92</u> yrs. <u>11</u> mos. <u>10</u> ds. Where was disease contracted, if not at place of death? Former or usual residence _____					
19 PLACE OF BURIAL OR REMOVAL <u>Home</u>				DATE OF BURIAL <u>Feb-7</u> 19 <u>29</u>	
20 UNDERTAKER <u>Swain & Doper - Goussard</u>				ADDRESS _____	