

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

10795

1 PLACE OF DEATH
 County Jackson
 Civil Dist. # 4
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

Registration District No. 44404
 Primary Registration District No. _____

File No. _____
 Registered No. 3

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

2 FULL NAME Henry Logan Sadler

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb- 24 1854
 (Month) (Day) (Year)

7 AGE 73 yrs. 1 mos. 12 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Lumber dealer
 (a) Trade, profession, or particular kind of work. 776
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Henry Sadler

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER West

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Harmon Sadler

[Address] Whitelyville

15 Filed 4-23 29 Registrar Pat Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 6 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from March 7 - 1929, to April 6, 1929, that I last saw him live on April 6, 1929 and that death occurred, on the date stated above, at 11:45 A.M.

The CAUSE OF DEATH* was as follows: 83

Arterio Sclerosis of Coronary artery with Softening of Brain
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory J. D. Dukes
 [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. D. Dukes M. D.
April 7 - 29, 1929, address Whitelyville 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 Whitelyville Tenn
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Johnson Cemetery DATE OF BURIAL Apr 7 1929

20 UNDERTAKER Drap & Draper & Gansbord 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.