

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

10797

1 PLACE OF DEATH
County Jackson
Civil Dist. 11th
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 44411
Primary Registration District No. 11

File No. _____

Registered No. 5

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

2 FULL NAME James Riley Spurlock

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 29 1892
(Month) (Day) (Year)

7 AGE 86 yrs. 5 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Johnson Spurlock

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Polly Birdwell

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Frank Spurlock

[Address] Gainesboro R 3

15 Filed 5-10-29 L.R. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 6 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3-10 1929 to 4-6 1929, that I last saw him alive on 4-6 1929 and that death occurred, on the date stated above, at 5 A M

The CAUSE OF DEATH* was as follows Chrom. Valvular Heart 90

[Duration] 10 yrs. _____ mos. _____ ds.
Contributory [SECONDARY] Raymonds Kiss
[Duration] _____ yrs. _____ mos. 28 ds.

Signed L.R. Anderson M. D.
4-7 1929 Gainesboro Ky

* 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 Anderson Cem. DATE OF BURIAL 4/7 1929

20 UNDERTAKER proprietor Gainesboro ADDRESS _____