

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

20157

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. No 6  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. 44406  
Primary Registration District No. \_\_\_\_\_

File No. 12  
Registered No. \_\_\_\_\_

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

2 FULL NAME Goldman Ray Casteel

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED infant  
(Write the word)  
6 DATE OF BIRTH 10 6 1928  
(Month) (Day) (Year)  
7 AGE 6 yrs. 14 mos. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) none

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Howard Casteel

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Pearlie Hamlet

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Howard Casteel

[Address] Sainsboro

15 Filed 8/20 1929 mrs T H Norton  
REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 20 1929  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 192\_\_\_\_, to \_\_\_\_\_, 192\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 192\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows: 2056

did not have any  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Signed \_\_\_\_\_ M. D.  
\_\_\_\_\_ 192\_\_\_\_ Address \_\_\_\_\_

\* 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 Pleasant Hill Cem DATE OF BURIAL April 21 1929

20 UNDERTAKER Robert Coffee ADDRESS Sainsboro