

DO NOT TEAR OUT
WE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

County Jackson
Civil Dist. 7th
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

31477

CERTIFICATE OF DEATH 7

Registration District No. 44407 File No. / _____
Primary Registration District No. 7 Registered No. / _____

2 FULL NAME Cartier Upchurch

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July (Month) 4 (Day) 1836 (Year)

7 AGE 93 yrs. 3 mos. 22 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 William Upchurch

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Anderson

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Paul Carter

[Address] Maunville R. 1.

15 Filed Jan 26 1936 W. H. M. Keeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 27 1929 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug. 10th 1929, to _____, 1929, that I last saw him alive on _____, 1929, and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows: Epithelioma of nose & upper lip. 43 [Duration] 2 yrs. _____ mos. _____ ds.

Contributory [SECONDARY] Maint. Gargle [Duration] _____ yrs. 1 mos. _____ ds.

Signed L. R. Anderson M. D. _____, 1929. Address Gainsborough

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Crown Chapel Ceme. DATE OF BURIAL _____ 1929

20 UNDERTAKER Paul Carter ADDRESS Maunville R.