

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.

1 PLACE OF DEATH

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

564

County Putnam

Civil Dist. 8th

Village _____

City Cookeville R #2 (No. _____, _____ St.; _____ Ward)

Registration District No. 47208

Primary Registration District No. _____

File No. _____

Registered No. 11

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

2 FULL NAME Gauderson P Duncan

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Nov 11, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Feb 9, 1840
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from October 1911, to September 1917, that I last saw him alive on September 1917, and that death occurred, on the date stated above, at 80 m.

7 AGE 77 yrs. 9 mos. 2 ds. If LESS than 1 day, ----hrs. or ----min.?

The CAUSE OF DEATH* was as follows:
arteriosclerotic
paralysis
73

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Johnnie Massa

11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER Sallie Massa

13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. S. Duncan

(Address) Cookeville Route 2

15 Filled Nov 24, 1917 Wingless Martin
REGISTRAR

Contributory (SECONDARY) _____ (Duration) ---- yrs. ---- mos. ---- ds.
(Signed) G. H. Hickory, M. D.
Nov 24 1917 (Address) Bates R 2

*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 Howell Grave Yard DATE OF BURIAL Nov 17, 1917

20 UNDERTAKER Will Kice ADDRESS Cookeville R 2