

MARGIN RESERVED FOR BINDING

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

County Cutumba

CERTIFICATE OF DEATH

Civil Dist. 20th

Registration District No. 47220

File No. 183
15

Village Baxterden

Primary-Registration District No. _____

Registered No. _____

City Baxterden (No. _____, St. _____ Ward _____)

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

2 FULL NAME William E. Jared

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Dec 25 1923
[Month] [Day] [Year]

6 DATE OF BIRTH Feb 25 1883
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from Dec 23 1923 to Dec 25 1923 that I last saw him alive on Dec 25 1923 and that death occurred, on the date stated above, at _____ M

7 AGE 86 yrs. 10 mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows: Paralysis

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

[Duration] yrs. mos. ds.

9 BIRTHPLACE (State or country) Tenn

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

10 NAME OF FATHER Wm. E. Jared

Signed W.S. Sawell M. D. 1923 Address Baxterden

11 BIRTHPLACE OF FATHER (State or country) Tenn

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

12 MAIDEN NAME OF MOTHER Bettie Jared

13 BIRTHPLACE OF MOTHER (State or country) Tenn

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS] At place of death _____ yrs. _____ mos. _____ ds. In the _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Estel Jared [Informant]

Baxterden [Address]

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

15 Filed 1-9-23 A.H. Judd REGISTRAR

20 UNDERTAKER ADDRESS