

STATE OF TENNESSEE 257

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Fulton

Civil Dist. 1st

OR  
Village

OR  
City Goodville

Registration District No. 721

Primary Registration District No. 47201

File No. \_\_\_\_\_

Registered No. 2

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

2 FULL NAME Matthew Judd

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 31 1844  
(Month) (Day) (Year)

7 AGE 80 yrs. 8 mos. 11 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Minister 839  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Nathan Judd

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Rebecca Grimes

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. M. Judd  
[Address] Goodville, Tenn.

15 Filed July 21 1925 Lex Ayer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 2 1925  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 192\_\_ to \_\_\_\_\_, 192\_\_ that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 192\_\_ and that death occurred, on the date stated above, at 3 P M

The CAUSE OF DEATH\* was as follows: Chronic Nephritis  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_

Signed H. P. Martine M. D.  
192\_\_ Address Goodville, Tenn.

\* 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 Judd Cemetery DATE OF BURIAL Feb 3 1925

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

DO NOT TEAR OUT  
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.