Form V. S. No. 1

MARGIN RESERVED FOR BINDING

Size 8½ x 7½

N. B.—WRITE 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 Duplicate

County Jackson

Civil Dis. 11th

Village or City

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44411 File No.

Primary Registration District No. 11th Reg. No.

(No. St.; Ward)

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

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Christine Gibson

(a) Residence: No. St. Ward.

(Usual place of abode) (If institution, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

6. If married, widowed, or divorced HUSBAND or (or) WIFE of Isaac Gibson

7. DATE OF BIRTH (month, day, and year) March 1st 1848

8. AGE Years 84 Months 5 Days 23 If less than 1 day, hours or minutes

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Was deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tennessee

FATHER

13. NAME Davy Rector

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Sarah Taylor

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Geo. Gibson (Address) Gravelspring R 8

18. BURIAL, CREMATION, OR REMOVAL Place Lochinvar Cem. Date Aug 8 1932

19. UNDERTAKER Prewitt & Norman (Address) Galaxy Tenn.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Aug 7th 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1932 to Aug 23rd 1932 and that last saw her alive on Aug 23rd 1932 and death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

Fracture of Left Hip — Date of onset 8-1-32

Contributory causes of importance not related to principal cause:

Mental Regurgitation

Place of operation Date of

Was post mortem obtained? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 8-1-32

Where did injury occur? Home Jackson Tenn. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place. In Home

Nature of injury Walking Fell

Nature of injury Fracture Left Hip

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, state Walking about yard

(Signed) J. R. Andrews M. D.

(Address) Jackson Tenn R. 4