STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 3

1 PLACE OF DEATH
County: Davidson
Civil Dist. or Village or City: 10 (No. ____ St.; ____ Ward)
Registration District No.: 44 4
Primary Registration District No.: 10
Registered No.: 3
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME: George Gibson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 Married, Single, Widowed, or Divorced: Married
6 DATE OF BIRTH: Not given (Month) (Day) (Year)
7 AGE: About 83 yrs (Yrs. Mos. Ds.)
11 LEGITIMATE: (Yes or No)
8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): farming
9 BIRTHPLACE (State or country): Tennessee

PARENTS
10 NAME OF FATHER: Not given
11 BIRTHPLACE OF FATHER (State or country): Not given
12 MAIDEN NAME OF MOTHER: Not given
13 BIRTHPLACE OF MOTHER (State or country): Not given

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant: J. A. Nerley
Address: Clarksville Tenn.
10 Filed Nov 30 1914 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH: Nov 28 1914 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Nov 1914, to Nov 1914, 191__
that I last saw him alive on Nov 1914, 191__
and that death occurred, on the date stated above, at ____ M.
The CAUSE OF DEATH* was as follows:
Pneumonia fever
Contributory (secondary)
Duration: Four days
Signed: [illegible] M.D.
191__ (Address)

*State the Disease Causing Death, or in default thereof Violent Death or Other (1) Malformation Disease and (2) whether Accidental, Homicidal, or Suicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
In place of death ____ yrs. ____ mos. ____ ds.
In this county ____ yrs. ____ mos. ____ ds.
Where was disease contracted, if not at place of death?
Patient or ____

19 PLACE OF BURIAL, OR REMOVAL: Byers Burial Hartsville Tenn.
DATE OF BURIAL: Nov 30 1914
20 UNDERTAKER: J. A. Nerley
ADDRESS: ____