

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

DIVISION OF VITAL STATISTICS

STATE OF TENNESSEE

COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS

DEATH NO. 50-10875

BIRTH NO.

1. NAME

John

E.

Gibson

2. DATE OF DEATH

5-4-1950

3. COLOR OR RACE

White Male

4. SEX

5. SINGLE, MARRIED, WIDOWED, DIVORCED (SPECIFY)

widowed

6. DATE OF BIRTH

Mar. 3, 1879 71

7. AGE (IN YEARS LAST BIRTHDAY)

8. IF UNDER 1 YR. MONTHS DAYS

9. IF UNDER 26 YRS. HOURS MIN.

10. PLACE OF DEATH

A. COUNTY

Jackson

B. CIVIL DISTRICT

11

11. USUAL RESIDENCE OF DECEASED (Where Deceased lived, if Institution, Residence Before Admission)

A. STATE Tenn.

B. COUNTY Jackson

C. CIVIL DISTRICT 11

C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Rural

D. LENGTH OF STAY IN THIS PLACE

Life

D. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL)

Rural

12. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital or Institution, Give Street Address and Location)

Home

13. STREET (IF RURAL, GIVE LOCATION) ADDRESS

RFD #3, Gainesboro, Tenn.

14. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)

Farming

15. KIND OF BUSINESS OR INDUSTRY

Farming

16. SOCIAL SECURITY NUMBER

17. WAS DECEASED EVER IN U.S. ARMED FORCES?

SPECIFY, YES, NO, UNKNOWN

IF YES, GIVE WAR AND DATES OF SERVICE

18. BIRTHPLACE (State or Foreign, Country)

Tennessee

19. CITIZEN OF WHAT COUNTRY?

U. S. A.

20. FATHER'S NAME

Isaac Gibson

21. MOTHER'S MAIDEN NAME

Christine Hector

22. INFORMANT

Geo. E. Gibson, 917 West Eastland St. Nashville, Tenn.

MEDICAL CERTIFICATION

23. CAUSE OF DEATH

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

(a) Cause of liver - I think

156.1

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STAYING THE UNDERLYING CAUSE LAST.

DUE TO (b) jaundice, pneumonia etc

173

DUE TO (c)

2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

24. DATE OF OPERATION

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY

YES NO

27. FINDINGS AT AUTOPSY

28. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

(SPECIFY)

29. PLACE OF INJURY (Home, Store, Factory, Street, Office, Hotel, etc.)

30. PLACE OF INJURY

CITY, TOWN OR RURAL COUNTY STATE

31. TIME OF INJURY

MONTH DAY YEAR HOUR

32. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

33. HOW DID INJURY OCCUR?

34. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE

SIGNATURE

C. E. Reeves

M.D.

OTHER (SPECIFY)

ADDRESS

Jamesboro Tenn

DATE

5/12, 1950

35. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

36. DATE OF BURIAL, CREMATION, OR REMOVAL

5-5-1950

37. NAME OF CEMETERY OR CREMATOR

Anderson

38. LOCATION CITY, TOWN OR COUNTY STATE

RFD #3, Gainesboro, Tenn.

39. FUNERAL DIRECTOR

ADDRESS

Sutton, Gainesboro, Tenn.

40. REGISTRATION DIST. NO.

44411

41. DATE SIGNED BY

5-16-50

42. REGISTRAR'S SIGNATURE

Theodore E. Cook

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