

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. First Registration District No. 4 4 1 File No. 12
Village Gainesboro Primary Registration District No. 4 4 1 Registered No. _____
or _____
City _____ (No. _____, St. _____, Ward _____)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Audy Chapman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>May 18 59</u> (Month) (Day) (Year)		
7 AGE <u>60</u> yrs. mos. ds.		If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Jackson County Tenn</u>		
PARENTS	10 NAME OF FATHER <u>Ben Chatman</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Lacklawn Co</u>	
	12 MAIDEN NAME OF MOTHER <u>Angeline Johnson</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Lacklawn Co</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____
(Address) _____

15 Filed May 29 1917 I M. H. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 22, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 1917, to May 1917, that I last saw him alive on May, 1917, and that death occurred, on the date stated above, at 12 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
with Cardiac Complication

Contributory (SECONDARY) _____
(Signed) Chas. C. Fowler, M. D.
(Address) Camden

*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 <u>Chatman Grove Road</u>	DATE OF BURIAL <u>May 27</u> , 191 <u>7</u>
20 UNDERTAKER <u>McDermans Gainesboro</u>	ADDRESS