



Henry Elder Death

Certificate



STATE OF TENNESSEE
DEPARTMENT OF PUBLIC HEALTH
 CORDELL HULL BUILDING
 NASHVILLE, TENNESSEE 37219



Woodell Jurgens
 STATE REGISTRAR
AUG. 21, 1979

I hereby certify the below to be a true and correct copy of the official document on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and red imprinted signature of the State Registrar are affixed.

E. W. Fowinkle
EUGENE W. FOWINKLE, M.D.
 Commissioner

1 PLACE OF DEATH

County Maury
 Civil Dist. 7th
 Village Not Pleasant
 City _____ (No. _____, St. _____, Ward _____)

Registration District No. 612
 Primary Registration District No. 612

2 FULL NAME Henry W. Elder

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

File No. 548
 Registered No. 156

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
8 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u>	16 DATE OF DEATH <u>November 24, 1918</u>		
6 DATE OF BIRTH <u>Oct 19, 1860</u>			17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____, that I last saw h____ alive on _____ 191____, and that death occurred, on the date stated above, at <u>12:30 P.</u>		
7 AGE <u>86 yrs.</u>			The CAUSE OF DEATH * was as follows: <u>Supposed to be Senility, or Apoplexy, as he did before a Physician to reach this</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory <u>Local Registrar</u>		
9 BIRTHPLACE (State or country) <u>Tenn</u>			(Signed) _____ 191____ (Address) _____		
PARENTS	10 NAME OF FATHER <u>Jashwell Elder</u>		*State the DISEASE CAUSING DEATH, or, its death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	11 BIRTHPLACE OF FATHER (State or country) <u>N.C.</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) A) since _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____		
	12 MAIDEN NAME OF MOTHER <u>Leathie Etha</u>		19 PLACE OF BURIAL OR REMOVAL <u>Nashville Tenn</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Virginia</u>			DATE OF BURIAL <u>Nov 26, 1918</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>N. B. Elder</u> (Address) <u>Mt Pleasant Tenn</u>			20 UNDERTAKER <u>Irwin Bros</u>		
15 FILED <u>Nov 26, 1918</u>			ADDRESS <u>Tenn</u> <u>Mt Pleasant</u>		

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

A. B.—Every item of information should be carefully repeated. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain words so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FORM T. S. No. 4-100M