



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			STATE OF TENNESSEE		
County <u>Maury</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>7th</u>			CERTIFICATE OF DEATH		
Village <u>Mt Pleasant</u>			548		
City _____ (No. _____, St. _____, Ward _____)			Registration District No. <u>612</u> File No. _____		
Primary Registration District No. <u>612</u>			Registered No. <u>156</u>		
2 FULL NAME <u>Henry W. Elder</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 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</u> yrs. _____ mos. _____ ds. or _____ min.?			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)			<u>E. D. Hughes</u> Contributory <u>Local Registrar</u> (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____ 191____ (Address) _____		
9 BIRTHPLACE (State or country) <u>Tenn</u>			*State the DISEASE CAUSING DEATH, or, its death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
10 NAME OF FATHER <u>Jashwell Elder</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 _____		
11 BIRTHPLACE OF FATHER (State or country) <u>N.C.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Nashville Tenn</u>		
12 MAIDEN NAME OF MOTHER <u>Leathie Etha</u>			DATE OF BURIAL <u>Nov 26, 1918</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Virginia</u>			20 UNDERTAKER <u>Irwin Bros</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>N. B. Elder</u> (Address) <u>Mt Pleasant Tenn</u>			ADDRESS <u>Tenn</u> <u>Mt Pleasant</u>		
15 Filed <u>Nov 26, 1918</u> <u>E. D. Hughes</u> REGISTRAR					

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 PETER A. FARRER CO., NASHVILLE