

## 1 PLACE OF DEATH

County BentonCivil Dist. 5 dis.Village Cannellakep

City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

21

Registration District No. 31

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 7

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

2 FULL NAME James Mitchell

## PERSONAL AND STATISTICAL PARTICULARS,

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)6 DATE OF BIRTH Oct. 3, 1868  
(Month) (Day) (Year)7 AGE 96 yrs. 4 mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION Farmer  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Benton County10 NAME OF FATHER Robin Mitchell11 BIRTHPLACE OF FATHER (State or country) North Carolina12 MAIDEN NAME OF MOTHER Lizzie Earp13 BIRTHPLACE OF MOTHER (State or country) Benton County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Mitchell(Address) \_\_\_\_\_15 Filed Feb 14, 1914 Dorsey Holland REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 14, 1914  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1914, to \_\_\_\_\_, 191\_\_\_\_, that I last saw him alive on Feb 13, 1914, and that death occurred, on the date stated above, at 8 P.M.The CAUSE OF DEATH\* was as follows:  
Lack Blood 1185(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 18 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) L. P. Thickett, M. D. Feb 14, 1914 (Address) Cannellakep

\*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 Shiloh DATE OF BURIAL 2-15, 191420 UNDERTAKER A. J. Jordan ADDRESS \_\_\_\_\_