MARGIN RESERVED FOR BINDING

Size 8½x11

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

Form V. S. No. 4

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 45804 File No. 6799

Primary Registration District No. ..... Reg. No. 2

1. PLACE OF DEATH

County Madison

Civil Dis. 4th.

or Village .....

or City Jackson R # 6. (No. ....., ... St.; ..... Ward)

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

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds.

If a War Veteran, fill out blank below.

2. FULL NAME Albert Etheridge Butler.,

(Give War and Military Organization)

(a) Residence: No. Jackson R 6 St., ... Ward.

(Usual place of abode)

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Everline Cole Butler.,

6. DATE OF BIRTH (month, day, and year) 10/23/1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Tennessee.

How long in U. S., if of foreign birth? ..... yrs.

MOTHER FATHER

13. NAME Thompse Butler.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Tennessee.

15. MAIDEN NAME ---- Taylor.

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Tennessee.

17. INFORMANT (Address) T.H. Butler., Jackson, Tenn. R # 6.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Oak Grove Cemetery Date 3/5/37. 19..

19. UNDERTAKER SMITH FUNERAL HOME
(Address) JACKSON, TENN.

20. FILED Mar 9 1937 Flor D Christenberry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/3/37. 19..

22. I HEREBY CERTIFY, That I attended deceased from Dec 25. 1936 to Mar 3 1937

I last saw him alive on Feb 25. 1937, 10:30 P.M. death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Mitral Insufficiency	
Edema.	

Contributory causes of importance not related to principal cause: 92A

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) F D Mitchell M. D.

(Address) Milan Tenn.