

Size 8 1/2 x 7 1/4
 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.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Humphreys</u> ✓ Civil Dis. <u>2nd</u> or Village _____ or City _____ (No. _____, St.; _____ Ward) Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.				STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH 15741 File No. <u>44</u> Reg. No. _____	
2. FULL NAME <u>Acy M. D. Mitchell</u> (a) Residence: No. <u>Johannesville</u> St., <u>Levin</u> Ward. (Usual place of abode) (If nonresident give city or town and State)				21. DATE OF DEATH (month, day, and year) <u>July 12th, 1934</u>	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>7-2-34</u> to <u>7-12-34</u> , 19 <u>34</u> .	
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				I last saw <u>him</u> alive on <u>7-12-34</u> , 19 <u>34</u> , death is said to have occurred on the date stated above, at <u>12 noon</u> .	
6. DATE OF BIRTH (month, day, and year) <u>Oct. 22, 1859</u>				The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE	Years <u>74</u>	Months <u>8</u>	Days <u>21</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				Date of onset <u>Cerebral Hemorrhage 7-2-34</u> <u>"slow Progressive form"</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				Contributory causes of importance not related to principal cause: <u>82A</u>	
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) <u>Deuten Co., Tenn.</u>				Name of operation _____ Date of _____	
13. NAME <u>Reubin Mitchell</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____	
14. BIRTHPLACE (city or town) (State or country) <u>North Carolina</u>				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.	
15. MAIDEN NAME <u>Jane Edwards</u>				Manner of injury _____	
16. BIRTHPLACE (city or town) (State or country) <u>North Carolina</u>				Nature of injury _____	
17. INFORMANT (Address) <u>M. A. Mingo Johannesville Tenn.</u>				24. Was disease or injury in any way related to consumption of deceased? If so, specify _____ (Signed) <u>L. H. Stokes, M. D.</u> (Address) <u>Deuten Co. Tenn.</u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Deuten Co. Tenn.</u> Date <u>July 13, 1934</u>					
19. UNDERTAKER (Address) <u>Funeral Home Co. Deuten Co. Tenn.</u>					
20. FILED <u>7-13-34</u> <u>W. H. Floyd</u>					