STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

429 10

1 PLACE OF DEATH

County Davidson

Civil Dist. 1st., or Village

Registration District No. 21901

Primary Registration District No.

File No. 429

Registered No.

City or Nashville, (No. 1119, 4th., Ave No. St.; 1 Ward)

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

2 FULL NAME August Freund

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	White	Married

6 DATE OF BIRTH: Jany. (Month) 31, (Day) 1837, (Year)

7 AGE: 79 yrs. 1 mos. 7 ds. If LESS than 1 day, ----- hrs. or ----- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Butcher 743
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Switzerland.

PARENTS

10 NAME OF FATHER: John Freund

11 BIRTHPLACE OF FATHER (State or country): Switzerland

12 MAIDEN NAME OF MOTHER: Elizabeth Schaffer

13 BIRTHPLACE OF MOTHER (State or country): Switzerland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. C. Freund

(Address) 311 Taylor St.,

15 Filed MAR 8 1916, 191.... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Mch. 7, 1916. (Month) (Day), 191 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 4 1916, to Mar 7, 1916, that I last saw him alive on Mar 7, 1916, and that death occurred, on the date stated above, at 9.30 a. m.

The CAUSE OF DEATH * was as follows: 114

Uraemia

(Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) Grippe

(Duration) ---- yrs. ---- mos. 7 ds.

(Signed) R F Bandini, M. D.

Mar 8, 1916. (Address) 400½ Jefferson St

*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: Mt. Olivet, DATE OF BURIAL: 3/8/16, 191....

20 UNDERTAKER: Morris, Karsch & Co. ADDRESS: City.

N. B.—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.

WRITE PLAINLY, WITH UNFADING INK. DO NOT USE PENCIL.

Form V. S. No. 4—100M.

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