79

STANDARD CERTIFICATE OF DEATH.

CITY OF NASHVILLE. COUNTY OF DAVIDSON, STATE OF TENNESSEE.

Registered No. 654

[1] *PLACE OF DEATH, No.* 1315 Fourth Ave. No. *St.,* 1 *Ward.* (If death occurred in a hospital or institution give its NAME instead of street and number.)

[2] *FULL NAME* Jacob Hildebrand

PERSONAL AND STATISTICAL PARTICULARS.

[3] SEX: Male

[4] COLOR OR RACE: White

[5] Single, Married, Widowed, or Divorced. (Write the word.): Married.

[6] DATE OF BIRTH: July (Month) 25 (Day) 1838 (Year)

[7] AGE: 72 yrs. 8 mos. 12 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

[9] BIRTHPLACE (State or country): Germany

PARENTS

[10] NAME OF FATHER: John Hildebrand

[11] BIRTHPLACE OF FATHER (State or country): Germany

[12] MAIDEN NAME OF MOTHER: Margaret Vollner

[13] BIRTHPLACE OF MOTHER (State or country): Germany

[14] THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jno. L. Hildebrand

(Address) 1315 - 4th Ave N

[15] Filed APR 8, 1911 W. G. Hibbitt Registrar.

MEDICAL CERTIFICATE OF DEATH

[16] DATE OF DEATH: Apr. (Month) 6 (Day) 1911 (Year)

[17] I HEREBY CERTIFY, That I attended deceased from May 3rd, 1910, to April 10, 1911, that I last saw him alive on April 6th, 1911, and that death occurred, on the date stated above, at 7.10 p m.

The CAUSE OF DEATH* was as follows:

Organic heart disease

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary): Old age

(Duration) yrs. mos. ds.

(Signed) J. C. Johnson M. D.

April 8th, 1911. (Address) 411½ Union 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: April 9 1911

[20] UNDERTAKER: Dorris, Karsch & Co. — ADDRESS: City.

Dr. L. L. Johnson 5-9

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

MARGIN RESERVED FOR BINDING

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.