

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Grundy  
Civil Dist. No 3  
or Village Coalmont  
City (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 43102  
Primary Registration District No. 4File No. 112Registered No. 112  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Charles Rubley

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married6 DATE OF BIRTH June 1, 1889  
(Month) (Day) (Year)7 AGE 75 yrs. 28 mos. 28 ds. If LESS than 1 day. hrs. or min.?

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

Black Smith

## 9 BIRTHPLACE (State or Country)

Switzerland

## 10 NAME OF FATHER

not known

## PARENTS

## 11 BIRTHPLACE OF FATHER (State or country)

Switzerland

## 12 MAIDEN NAME OF MOTHER

not given

## 13 BIRTHPLACE OF MOTHER (State or country)

Switzerland

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. Grundy

(Address)

new paper

15

Filed

July 9, 1919E. C. Shull

REGISTRAR

Walter Wooden

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

June 29, 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_,

and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Kidney trouble as indicated.

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

## Contributory (as secondary)

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

(Signed) no Phys.

191\_\_\_\_ (Address)

\*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

## DATE OF BURIAL

Iracy CityJune 30, 1919

## 20 UNDERTAKER

## ADDRESS

E. C. ShullIracy City

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

N. B.—Every item of information should be carefully reported. 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.