

RETURN OF A DEATH

No. _____

CITY OF CLARKSVILLE
STATE OF TENNESSEE

NO INCOMPLETE RETURN WILL BE ACCEPTED

1. Name, in full.....

Joe Davis

2. Color:

~~WHITE~~
BLACK.

3. Sex:

MALE.
~~FEMALE~~

4. Conjugal Condition:

~~SINGLE~~
MARRIED.
~~WIDOWED~~.
~~DIVORCED~~

NOTE--For questions 2, 3 and 4, strike out words not applicable.

5. Date of Death { Year *1900*
Month *Nov*
Day *1*

6. Of Birth. { Year *1840*
Month *-*
Day *-*

7. Age. { Years *60*
Months *-*
Days *-*

8. Occupation

laborer

(Return occupation for all persons 10 years of age and over)

9. Place of Birth.....

Clarksville

10. Birthplace of Father.....

-

11. Birthplace of Mother.....

-

12. Disease or Cause of Death:

CHIEF CAUSE.....*apoplexy*
CONTRIBUTING CAUSE.....*-*

DURATION	
<i>-</i>	
<i>-</i>	

PLACE WHERE DISEASE WAS CONTRACTED, if other than place of death.....*-*

13. Place of Death. No.....

9th Ward

STREET.....

Clarksville - WARD.....

If death occurred in an institution, give the name of same.....*-*

Length of time deceased was an inmate.....*-*

....., and previous residence,

14. Late Residence.....

Clarksville Tenn

LENGTH OF RESIDENCE (in city or town).....*-*

UNDERTAKER.....

M. Blue or Co

PLACE OF INTERMENT.....

Mt. Olive

SIGNATURE.....

R. B. Martin M.D.
(Of Physician)

DATE OF CERTIFICATE.....

Nov 2

1900.

*Copy by M. L. Hughes M.D. City Health Officer
Jan 14-1906. Clarksville Tenn.*

Fill out with Ink Only and Write Plainly.