

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every statement 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.

## 1. PLACE OF DEATH

County BentonCivil Dis. H. H.

Village

City

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. if of foreign birth?..... yrs..... mos..... ds.2. FULL NAME William A. Brackin(a) Residence: No. Benton Tenn. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a. If married, widowed, or divorced HUSBAND of Judie Brackins6. DATE OF BIRTH (month, day, and year) March 12 18627. AGE  
Years 78 Months 6 Days 16  
If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Mo.13. NAME Unknown14. BIRTHPLACE (city or town) (State or country) unknown15. MAIDEN NAME Lina Brackins16. BIRTHPLACE (city or town) (State or country) Mo.17. INFORMANT (Address) F. J. Smathers  
Candora Tenn.18. BURIAL, CREMATION OR REMOVAL Place Benton Tenn. Date Sept 29 193019. UNDERTAKER (Address) C. J. Mabry  
Hallow Brook Tenn.20. FILED Jan 2 1931 St. Haswood RegistrarSTATE OF TENNESSEE  
STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics  
CERTIFICATE OF DEATH

26843

File No. \_\_\_\_\_

Registration District No. 40304

Primary Registration District No. \_\_\_\_\_

(No. \_\_\_\_\_, St.; Ward)

Reg. No. 5

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Sept 28 193022. I HEREBY CERTIFY, That I attended deceased from Aug 1 1930, to Sept 28 1930  
I last saw him alive on Sept 27 1930, death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

ParalysisContributory causes of importance not related to principal cause: 756

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 whether injury occurred in industry, in house, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) L. D. Murphy M. D.(Address) Buena Vista Tenn.