

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Cain
Civil Dist. 3
or Village Sackford
or City

Registration District No. 4723 File No. 319
Primary Registration District No. 8 Registered No. 8

2 FULL NAME Thomas Maxton (No. 81 Ward) 81

3 SEX male 4 COLOR white 5 MARRIAGE married

6 DATE OF BIRTH Sept 18 (Month) 1886 (Year)

7 AGE 84 yrs. 11 mos. 11 days

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Edward Maxton

11 BIRTHPLACE OF FATHER (State or country) M. D.

12 MAIDEN NAME OF MOTHER Coal Creek

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Charles Maxton

15 (Address) Franklin, Tenn.

16 PLACE OF BURIAL OR REMOVAL Family Burial

17 DATE OF BURIAL Mar 15 1927

18 UNDERTAKER Maxton

19 ADDRESS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 14 (Month) 1927 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 28 1927 to Feb 28 1927

that I first saw him alive on Feb 25, 1927, and that death occurred, on the date stated above, at 8 o'clock

The CAUSE OF DEATH * was as follows:
Diagnosis: degenerative heart disease

cardiac "Chordae" rupture

of aortic valve. It is thought that this was the cause of death. (Duration) see certificate

Contributory (secondary) (Duration) see certificate

(Signed) Edward Maxton (Address) Coal Creek

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSMIENTS, OR RECENT RESIDENTS) In the place of death, yrs. mos. ds. State mos. ds. Where was disease contracted? If not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Family Burial

20 UNDERTAKER Maxton

ADDRESS

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.