

The following data was taken from a single source exactly as it was found.

Type of Data: Death Certificate

Photo No.: 2006-7112

Source of Data: Tennessee State Archives, Certificate # 9120

J. J. Pipkin

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
County Lauderdale
Civil Dis. 4th.
Village Fulton
City (No.) St. (No.) Ward (No.)

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH 7112
Registration District No. 46004
Primary Registration District No. 4
File No. 7112
Reg. No. 7112

2. FULL NAME John W. Gay
(a) Residence: No. Fulton, Tenn. St. (No.) Ward (No.)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. If married, widowed, or divorced, give the name of (a) WIFE or (b) HUSBAND (No.)

7. DATE OF BIRTH (month, day, and year) Aug. 12, 1867
8. AGE 68 Years 5 Months 20 Days 1 day, 0 hrs. 0 min.

9. Trade, profession, or particular kind of work done, or occupation, occupation, occupation, etc. Farmer
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (No.)
11. Total time (years) spent in this occupation (month and year) (No.)

12. BIRTHPLACE (city or town) (State or country) Tennessee
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MARRIAGE NAME (No.)
16. BIRTHPLACE (city or town) (State or country) (No.)
17. EMPLOYMENT (Address) C.H. Sullivan
Fulton, Tenn.
18. BUREAU, CHURCH, OR HOSPITAL (Address) Garland Date 2/3/36
19. UNDERTAKERS (Address) Burgess & Peters
Ripley, Tenn.
20. PRIEST 3/11 2/4 W. L. Lewis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Feb. 2, 1936
22. I HEREBY CERTIFY, That I attended deceased from 2-1-1936 to 2-2-1936
I last saw him alive on 2-1-1936 at 5:05 A.M.
The principal cause of death and related causes of importance in order of causality are as follows: Gastric Nephrosis
Contributory causes of importance not related to principal cause: Gastric ulcers
Name of operation (No.) Date of (No.)
What last medical diagnosis? (No.) Was there an autopsy? (No.)
23. If death was due to external causes (accident) fill in also the following:
SOURCE, NATURE, OR EXTENT (No.) Date of injury (No.)
Where did injury occur? (No.)
Specify whether injury occurred in industry, in home, or in public place.
Nature of injury (No.)
24. Was there an injury to any way related to continuation of deceased?
If so, specify Head & Neck
(Specify) Nephrosis
(Address) (No.)

2. Write plainly, with unfading ink—this is a permanent record. 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.