Jessee C Wolfe
in the Tennessee, Death Records, 1908-1958

Name:	Jessee C Wolfe
Gender:	Male
Birth Date:	28 Mar 1853
Birth Place:	Tennessee
Age:	80
Death Date:	29 May 1933
Death Place:	Eidson, Hawkins, Tennessee
Father's name:	Jno Wolfe
Father's Birth Place:	Virginia
Mother's name:	Mary E Hollyway
Mother's Birth Place:	Tennessee
Certificate Number:	9824
Wills and Probates:	Search for Jessee C Wolfe in Tennessee Wills & Probates collection

Source Citation
Tennessee State Library and Archives; Nashville, Tennessee; *Tennessee Death Records, 1908-1959*; Roll #: 4

Source Information
Ancestry.com. *Tennessee, Death Records, 1908-1958* [database on-line]. Provo, UT, USA: Ancestry.com Operations, Inc., 2011.

Original data: *Tennessee Death Records, 1908-1958*. Nashville, Tennessee: Tennessee State Library and Archives.

Tennessee City Death Records Nashville, Knoxville, Chattanooga, Memphis 1848-1907. Nashville, Tennessee: Tennessee State Library and Archives.

Tennessee State Library and Archives

Description
This database contains death certificates, as well as indexes to those certificates for the state of Tennessee from 1908 to 1958. Learn more...

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STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

9824

File No. 157

Reg. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
County Hawkins
Civil Dis. 3
or
Village
or
City Eidson (No. , St.; Ward)

Registration District No. 43703
Primary Registration District No.

2 FULL NAME Isaac C. Wolfe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or divorced (Write the word)
M	white	widowed

6 DATE OF BIRTH: 3 (Month) 28 (Day) 1853 (Year)

7 AGE: 80 yrs. 2 mos. 1 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

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

9 BIRTHPLACE (State or country): Tennessee

PARENTS
10 NAME OF FATHER: Isaac Wolfe
11 BIRTHPLACE OF FATHER (State or country): Virginia
12 MAIDEN NAME OF MOTHER: Mary E. Hollyeway
13 BIRTHPLACE OF MOTHER (State or country): Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elizabeth Trent
(Address) Eidson

15
Filed 6-14-1933 C C Brooks
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 5 (Month) 29 (Day), 1933 (Year)

17 I HEREBY CERTIFY, That I attend deceased from ____ 19__, to ____, 19__, that I last saw h__ alive on ____, 19__ and that death occurred, on the date stated above, at ___M

The CAUSE OF DEATH* was as follows:

Paralysis 5 9 — 5 7

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (Secondary) Duodenal Syphilis

(Duration) ___ yrs. ___ mos. ___ ds.

Signed ____, M. D.

____, 19__ address Rogersville

*State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. State whether or not an operation was performed.

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: Rogersville
DATE OF BURIAL: 5-30-1933
20 UNDERTAKER: Harrison
ADDRESS: Rogersville

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.

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