

State 8 1/2 x 11 1/2
 N. B.—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.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Tipton</u> ⁶³¹		STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH	
Civil Dis. <u>1</u>		Registration District No. <u>83-1</u>	File No.
or Village		Primary Registration District No. <u>283-01</u>	Reg. No. <u>112</u>
City <u>Campton</u> (No. <u>1</u> St.; <u>1</u> Ward)		If a War Veteran, fill out blank below.	
Length of residence in city or town where death occurred		(Give War and Military Organization)	
2. FULL NAME <u>Amos Hugh David</u>		(If nonresident give city or town and State)	
(a) Residence: No. _____ St. _____ Ward _____		(If nonresident give city or town and State)	
3. SEX <u>m</u>		21. DATE OF DEATH (month, day, and year) <u>Jun 20 1937</u>	
4. COLOR OR RACE <u>white</u>		22. I HEREBY CERTIFY, That I attended deceased from <u>11 11</u>	
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>		19 <u>37</u> to <u>11-22</u> 19 <u>37</u>	
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____		I last saw <u>him</u> alive on <u>11/20</u> 19 <u>37</u> death is said to have occurred on the date stated above, at <u>5 a m.</u>	
6. DATE OF BIRTH (month, day, and year) <u>Aug 10-1859</u>		The principal cause of death and related causes of importance in order of onset were as follows:	
7. AGE	Years <u>78</u> Months <u>3</u> Days <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as taxicab driver, bookkeeper, etc. <u>Retail farmer</u>		<u>Chronic myocardial degeneration</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Contributory causes of importance not related to principal cause: <u>93C</u>	
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) <u>Tenn</u>		Name of operation _____ Date of _____	
How long in U. S. if of foreign birth yrs. _____ mos. _____ ds.		What test confirmed diagnosis? _____ Was there an autopsy? <u>no</u>	
13. NAME <u>J. C. David</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____	
14. BIRTHPLACE (city or town) (State or country) <u>R. C.</u>		Where did injury occur? _____ (Specify city or town, county, and State)	
15. MAIDEN NAME <u>Dora Finney</u>		Specify whether injury occurred in industry, in home, or in public place.	
16. BIRTHPLACE (city or town) (State or country) <u>1 1</u>		Manner of injury _____	
17. INFORMANT (Address) _____		Nature of injury _____	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Memorial Cem</u> Date <u>Nov 26 1937</u>		24. Was disease or injury in any way related to occupation of deceased? <u>no</u>	
19. UNDERTAKER <u>Mary Funeral Home</u> (Address) <u>Campton Tenn</u>		If so, specify _____ (Signature) <u>E. H. Davidson</u> M. D.	
20. FILED <u>D36</u> 19 <u>37</u> <u>Amos J. P. O'Neil</u> Registrar		(Address) <u>Campton Tenn</u>	