

## 1 PLACE OF DEATH

County Benton

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

68

## CERTIFICATE OF DEATH

Civil Dist. \_\_\_\_\_ Registration District No. 40304 File No. \_\_\_\_\_Village New Nash Tenn Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_

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

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

2 FULL NAME Jack Norwood

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)16 DATE OF DEATH May 28, 1914  
(Month) (Day) (Year)6 DATE OF BIRTH Feb 1880  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 22, 1914, to May 22, 1914, that I last saw him alive on May 22, 1914, and that death occurred, on the date stated above, at 3 P. m.7 AGE 34 yrs. 3 mos. - ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis8 OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer 000  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Benton Co Tenn(Duration) 31 yrs. 10 mos. \_\_\_\_\_ ds.10 NAME OF FATHER James Norwood

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

11 BIRTHPLACE OF FATHER (State or country) Cornell Co Tenn(Signed) L D Murphy, M. D. \_\_\_\_\_, 191\_\_\_\_ (Address) Cornell Co Tenn12 MAIDEN NAME OF MOTHER Liza F. Noble

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

13 BIRTHPLACE OF MOTHER (State or country) North Carolina

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Informant) W. G. Hedger

Where was disease contracted, if not at place of death? \_\_\_\_\_

(Address) Cornell

Former or usual residence \_\_\_\_\_

15 Filed 6-28, 1914 James Winbury REGISTRAR19 PLACE OF BURIAL OR REMOVAL Pleasant Hill DATE OF BURIAL May 29, 191420 UNDERTAKER No Undertaker ADDRESS \_\_\_\_\_