

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.

| 1. PLACE OF DEATH | | | | | STATE OF TENNESSEE | |
|---|----------------------------------|---|-------------------|---|--|----------------------|
| County <u>Benton</u> | | | | | STATE DEPARTMENT OF HEALTH | |
| Civil Dis. <u>4th</u> | | | | | Division of Vital Statistics | |
| Village | | | | | CERTIFICATE OF DEATH | |
| City | | | | | Registration District No. <u>40304</u> | |
| Primary Registration District No. | | | | | File No. <u>22140</u> | |
| (No. , St.; Ward) | | | | | Reg. No. <u>11</u> | |
| Length of residence in city or town where death occurred | | | | | (If death occurred in a hospital or institution, give its NAME instead of street and number) | |
| 2. FULL NAME <u>James Buell Reed</u> | | | | | 300 | |
| (a) Residence: No. <u>Camden Tenn</u> | | | | | Ward. (If nonresident give city or town and State) | |
| PERSONAL AND STATISTICAL PARTICULARS | | | | | MEDICAL CERTIFICATE OF DEATH | |
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> | | | 21. DATE OF DEATH (month, day, and year) | <u>Nov. 27, 1933</u> |
| 5a. If married, widowed, or divorced HUSBAND of <u>Rosa Lee Reed</u> | | | | 22. I HEREBY CERTIFY, That I attended deceased from | 19....., to....., 19..... | |
| 6. DATE OF BIRTH (month, day, and year) <u>Jan. 1, 1871</u> | | | | I last saw him alive on....., 19....., death is said to have occurred on the date stated above, at.....m. | | |
| 7. AGE | Years <u>62</u> | Months <u>10</u> | Days <u>26</u> | The principal cause of death and related causes of importance in order of onset were as follows: <u>no. attending Physician</u> | | |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | | | Date of onset <u>Heart attack</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>957B</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) <u>Benton Co. Tenn.</u> | | | | Name of operation..... Date of..... | | |
| 13. NAME <u>James A. Reed</u> | | | | What test confirmed diagnosis?..... Was there an autopsy?..... | | |
| 14. BIRTHPLACE (city or town) <u>Mo.</u> | | | | 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... | | |
| 15. MAIDEN NAME <u>Martha Pierce</u> | | | | Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. | | |
| 16. BIRTHPLACE (city or town) <u>Benton Co. Tenn.</u> | | | | Manner of injury..... Nature of injury..... | | |
| 17. INFORMANT <u>J. W. Reed</u> (Address) <u>Camden Tenn.</u> | | | | 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... | | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Pleasant Hill</u> Date <u>11. 28. 1933</u> | | | | (Signed)....., M. D. (Address)..... | | |
| 19. UNDERTAKER <u>Bivens F. Lindsey</u> (Address) <u>Camden Tenn.</u> | | | | Registrar. | | |
| 20. FILED <u>Nov 28, 1933</u> | | | | <u>B. H. Harwood</u> | | |