STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

62

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Benton

Civil Dist. 4 or Village ____ or City ____ (No. ____, ____ St.; ____ Ward)

Registration District No. 40304 Primary Registration District No. ____ File No. ____ Registered No. ____

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

2 FULL NAME James Franklin Norwood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: July (Month) 13 (Day), 1857 (Year)

7 AGE: 60 yrs. 9 mos. 24 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: Louis Norwood

11 BIRTHPLACE OF FATHER (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Samantha Arnold

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. F. Norwood

(Address) Holladay

15 Filed 5/8, 1915 James Weatherby REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: May (Month) 7 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 18 1915, to May 7, 1915, that I last saw ~~him~~ alive on April 18, 1915, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH * was as follows:

Pulmonary Tuberculosis

(Duration) 9 yrs. ____ mos. ____ ds.

Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) L. D. Murphy, M. D.

May 7, 1915 (Address) Buena Vista

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

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: Antioch — DATE OF BURIAL: May 8, 1915

20 UNDERTAKER: Burrow Bros — ADDRESS: Buena Vista

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.

Form V.S. No. 4—100M. FOSTER & PARKES CO., NASHVILLE