

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 PLACE OF DEATH

County Carrure
Civil Dist. 14
or Village West Park, Tenn
or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

239

Registration District No. _____ File No. 44
Primary Registration District No. 40914 Registered No. _____
(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2 FULL NAME JAMES WILSON THOMPSON

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH Aug. 16, 1844
(Month) (Day) (Year)

7 AGE 75 yrs. 10 mos. 5 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) Carrure Co. Tenn

10 NAME OF FATHER Wicks Thompson

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. T. Cox
(Address) West Park, Tenn

15 Filed June 20 1920 Nola Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 21, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1920, to June 21, 1920, that I last saw him alive on June 21, 1920, and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Catarrahal Pneumonia

(Duration) _____ yrs. _____ mos. 5 ds.

Contributory (SECONDARY) _____
(Signed) C. T. Cox M. D.
June 22, 1920 (Address) West Park, Tenn

*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 Mt Comfort DATE OF BURIAL June 22, 1920

20 UNDERTAKER _____ ADDRESS June 22, 1920