

## 1 PLACE OF DEATH

County of Burton  
 Civil Dist. 12  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

## CERTIFICATE OF DEATH

54

Registration District No. 40312 File No. 4  
 Primary Registration District No. 12 Registered No. 14

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

2 FULL NAME John C. Band

## 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 July 16, 1888  
 (Month) (Day) (Year)

7 AGE 28 9 13 If LESS than  
 yrs. mos. ds. 1 day, ---- hrs. or ---- min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Farming  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Carroll County

10 NAME OF FATHER J. D. Band

11 BIRTHPLACE OF FATHER (State or country) Henderson Co

12 MAIDEN NAME OF MOTHER Susan E. Rowe

13 BIRTHPLACE OF MOTHER (State or country) Burton County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. D. Band  
 (Address) 2224 4th Avenue

15 Filed \_\_\_\_\_, 1917 L. C. Kinsinger

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 29, 1917  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 15 1916, to April 27, 1917, that I last saw him alive on April 27, 1917, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Consumption of Lungs

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

(Signed) L. L. Duncan, M. D.  
April 29, 1917. (Address) Hannou Park Tex

\*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 Int Carmel DATE OF BURIAL April 30, 1917

20 UNDERTAKER W. A. Green ADDRESS Hannou Park

M. 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.