

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

201

County Carroll
Civil Dist. 17
Village Cole
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 92
Primary Registration District No. 17

File No. _____
Registered No. 1

(If death occurred in a hospital or institution, give the NAME, number of room and number.)

2 FULL NAME Thomas L. Green

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 MARRIAGE STATUS Married

16 DATE OF DEATH Jan. 29 1919

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

17 I HEREBY CERTIFY that I attended deceased from Jan. 1 1919 to Jan 28 1919 that I last saw him alive on Jan. 28 1919

7 AGE 80 yrs. 11 mos. 29 ds. II LESS than 1 day. _____ hrs. or min.?

and that death occurred on the date stated above, at _____
The CAUSE OF DEATH* was as follows: Pneumonia

8 OCCUPATION (1) Trade, profession, or particular kind of work Farmer 000
(2) General nature of industry, business, or establishment in which employed (or employer)

[Duration] _____ yrs. _____ mos. _____ ds.
Contributory Old age
[SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or country) Tenn.

Signed L. E. Pennington M. D.
Jan. 29, 1919 Address Burwick

10 NAME OF FATHER David Green

11 BIRTHPLACE OF FATHER [State or country] North Carolina

12 MAIDEN NAME OF MOTHER Elizabeth Settle

13 BIRTHPLACE OF MOTHER [State or country] Alabama

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Lillie Liles

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 _____

[Address] Valer Tenn.

19 PLACE OF BURIAL OR REMOVAL Martins Creek DATE OF BURIAL Jan 29 1919

15 Feb 5 1919

20 UNDERTAKER R. H. Delder ADDRESS Huntingdon