

## 1 PLACE OF DEATH

County DyerCivil Dist. JHVillage Wyersburg Tenn.

City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 231Primary Registration District No. 4

File No. \_\_\_\_\_

Registered No. 89

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

2 FULL NAME W. A. Pence

## 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 \_\_\_\_\_, 1890  
(Month) (Day) (Year)7 AGE 38 yrs. — mos. — ds. If LESS than 1 day, — hrs. or — min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Lumberman 370  
(b) General nature of industry, business, or establishment in which employed (or employer) Owner of Mill9 BIRTHPLACE (State or country) Michigan

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_ OK.

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

13 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_ OK.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. H. Curry(Address) Wyersburg Tenn.

15 \_\_\_\_\_

Filed Mar. 9, 1918 W. H. Howard REGISTAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 24<sup>th</sup>, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 24<sup>th</sup> 1918, to Feb 24<sup>th</sup>, 1918, that I last saw him alive on \_\_\_\_\_, 1918, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:

Patient died before I reached him - Heart seen in 2 months previously or more that done  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory \_\_\_\_\_ (SECONDARY) \_\_\_\_\_

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

(Signed) W. S. Walker, M. D.\_\_\_\_\_, 1918 (Address) \_\_\_\_\_

\*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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

Jackson Michigan Feb 24, 1918

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

J. H. Curry Wyersburg Tenn.

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.

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