Size 8½ x 7¼

N. B.—WRITE PLAINLY, WITH UN... Every item of information should be carefully ... THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain ... be properly classified. Exact statement of OCCUPATION is very important. See ... of certificate.

... FOR BINDING

Form V. S. No. 4

Dr. Dunn... N. Rst.

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

26761

1. PLACE OF DEATH

County Benton 0304
Civil Dis. 4th 0304
or Village Holladay 0
or City Tenn.

Registration District No. 40304
Primary Registration District No.
(No. , St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

File No.
Reg. No. 7
If a War Veteran, fill out blank below.
(Give War and Military Organization)

Length of residence in city or town where death occurred yrs. mos. ds.

2. FULL NAME Johnnie Taft Norwood

(a) Residence: No. St., Ward. (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS	
3. SEX	m
4. COLOR OR RACE	w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	
6. DATE OF BIRTH (month, day, and year)	March 14, 1909
7. AGE Years / Months / Days / If LESS than 1 day, hrs. or min.	28 / 8 / 26
... or particular ...one, as spinner, ...per, etc. ...s in which ... as silk mill, ..., etc.	Farmer
... worked at ... (month and ... / 11. Total time (years) spent in this occupation	
... or town) ...y)	Benton Co.
How long in U. S. if of foreign birth? yrs. mos. ds.	
FATHER 13. NAME	B. H. Norwood
14. BIRTHPLACE (city or town) (State or country)	Benton Co.
MOTHER 15. MAIDEN NAME	Mary Kelly
16. BIRTHPLACE (city or town) (State or country)	Benton Co.
17. INFORMANT (Address)	B. H. Norwood, Holladay, Tenn.
18. BURIAL, CREMATION, OR REMOVAL Place / Date	Liberty Cemetery / 12/16 1937
19. UNDERTAKER (Address)	Camden Funeral Home, Camden, Tenn.
20. FILED	Jan 3 1938 B. H. Norwood Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 12/15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-28, 1937, to 11-21 — —, 1937

I last saw him alive on 11-21-, 1937, death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Pulmonary Tuberculosis.

Contributory causes of importance not related to principal cause: 23

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify "

(Signed) L. L. Dunnagan M. D.

(Address) Hollow Rock, Tenn.