

MARGIN RESERVED FOR BINDING

Size 8 1/2 x 11 1/4

Form V. S. No. 4

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

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

8142

1. PLACE OF DEATH
County Cannale 0918
Civil Dis. 18
Village Westpark 0918
City (No. St.; Ward) If a War Veteran, fill out blank below.
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Johnny Lee Ellis
(a) Residence: No. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da.
(Give War and Military Organization)

| PERSONAL AND STATISTICAL PARTICULARS | | | | MEDICAL CERTIFICATE OF DEATH | |
|---|---|---|-----------------------|--|---------------|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | 21. DATE OF DEATH (month, day, and year) <u>1-30-1937</u> | |
| 5a. If married, widowed, or divorced HUSBAND of (or) <u>Glarence Ellis</u> | | | | 22. I HEREBY CERTIFY, That I attended deceased from <u>1-26-1937</u> , to <u>1-30-1937</u> , I last saw him alive on <u>1-30-1937</u> , death is said to have occurred on the date stated above, at m. | |
| 6. DATE OF BIRTH (month, day, and year) <u>3-8-1967</u> | | | | The principal cause of death and related causes of importance in order of onset were as follows: | |
| 7. AGE | Years <u>69</u> | Months <u>8</u> | Days <u>22</u> | If LESS than 1 day, hrs. or min. | Date of onset |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Turner and</u> | | | Hemorrhage from brain Contributory causes of importance not related to principal cause: <u>82A</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Black Smith</u> | | | | |
| | 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation | | | | |
| 12. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u> How long in U. S. if of foreign birth? yrs. mos. da. | | | | Name of operation..... Date of..... | |
| MOTHER FATHER | 13. NAME <u>Bill Ellis</u> | | | What test confirmed diagnosis?..... Was there an autopsy?..... | |
| | 14. BIRTHPLACE (city or town) (State or country) <u>Benton County</u> | | | 23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19..... | |
| | 15. MAIDEN NAME <u>Dolly King</u> | | | Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. | |
| 16. BIRTHPLACE (city or town) (State or country) <u>Tenn.</u> | | | Manner of injury..... | | |
| 17. INFORMANT <u>Lee Ellis</u> (Address) <u>Westpark, Tenn.</u> | | | | Nature of injury..... | |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Mat Comfort</u> Date <u>Jan 31 1937</u> | | | | 24. Was disease or injury in any way related to occupation of deceased? <u>NO</u> | |
| 19. UNDERTAKER <u>Burton Funeral Home</u> (Address) <u>Westpark, Tenn.</u> | | | | If so, specify..... | |
| 20. FILED <u>Apr 15 1937</u> <u>L. D. Mayberry</u> Registrar. | | | | (Signed) <u>L. L. Duncan</u> , M. D. (Address) <u>Shallow Rock Tenn.</u> | |