

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.

1 PLACE OF DEATH

County Carroll

Civil Dist. 24th

or Village Newport, Tenn.

or City _____

Registration District No. 40924

Primary Registration District No. _____

(No. _____, St.; _____ Ward)

File No. _____

Registered No. 1

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

2 FULL NAME Thomas Martin Radford

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE White 5 SINGLE, yes
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

6 DATE OF BIRTH Nov. 8, 1889
(Month) (Day) (Year)

7 AGE 24 yrs. 8 mos. 9 ds. If LESS than
1 day, ---- hrs.
or ---- min.?

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

9 BIRTHPLACE
(State or country) Carroll Co. Tenn.

10 NAME OF FATHER William A. Radford

11 BIRTHPLACE OF FATHER
(State or country) Benton Co. Tenn.

12 MAIDEN NAME OF MOTHER Sophia S. Green

13 BIRTHPLACE OF MOTHER
(State or country) Henderson Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. A. Radford

(Address) Newport, Tenn.

15 Filed Nov. 17 - 1914 J. G. Conroy
REGISTRAR

Form V.S. No. 4-100M.

• FOSTER & PARKER CO., NASHVILLE

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

170

16 DATE OF DEATH July 17, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 28 1914, to July 17, 1914, that I last saw him alive on July 17, 1914, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Typhoid Fever 1a

(Duration) ---- yrs. ---- mos. 21 ds.

Contributory None
(SECONDARY)

(Duration) ---- yrs. ---- mos. ---- ds.

(Signed) J. G. Conroy M. D.

July 17, 1914 (Address) Newport, Tenn.

*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

Union Burial July 18 - 1914

20 UNDERTAKER

W. M. McAnally Newport, Tenn.