

Size 8 1/2 x 7 1/4

MARGIN RESERVED FOR BINDING  
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.

Form S. No. 4

1. PLACE OF DEATH

County Carroll

Civil Dis. 18

Village Dumas Vista

City

Registration District No. ....

Primary Registration District No. ....

(No. .... St.; .... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred..... yrs..... mos..... ds. How long in U. S. if of foreign birth?..... yrs..... mos..... ds.

2. FULL NAME William at las Morphis

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

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

11677

File No. ....

Reg. No. ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oran Morphis

6. DATE OF BIRTH (month, day, and year) April 20 1871

7. AGE Years Months Days If LESS than 1 day, .... hrs. or..... min. 65 1 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 12/1/35 11. Total time (years) 64 1/2

12. BIRTHPLACE (city or town) (State or country) Henry County, Tennessee

MOTHER FATHER 13. NAME Jasper Morphis

14. BIRTHPLACE (city or town) (State or country) Henry County Tenn

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Don't know

17. INFORMANT Oran Morphis

(Address)

18. BURIAL, CREMATION, OR REMOVAL Buried Bell Date 1936

19. UNDERTAKER Burison Funeral Home

(Address) Burison

20. FILED Jan 1 1936 Registrar. L. E. Murphy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 21 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 1

1936 to May 21 1936

I last saw him alive on May 20 1936, death is said

to have occurred on the date stated above, at.....m.

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

Tuberculosis of lungs Date of onset

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?.....

If so, specify.....

(Signed) L. E. J. Morphis M. D.

(Address) Burison