

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Dr. Bair
13
File No. **188**

1 PLACE OF DEATH
County Henry #
Civil Dist. Route # 11
OR
Village
OR
City (No. St.; Ward)

Registration District No. 44061
Primary Registration District No. 11

Registered No. 5

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

2 FULL NAME Wayne Watkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 MARRIED
SINGLE, MARRIED, WIDOWED, OR DIVORCED
(Write the word)

6 DATE OF BIRTH Oct. 4, 1883
(Month) (Day) (Year)

7 AGE 37 yrs. 4 mos. 12 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER James Watkins

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Berganna Sweeney

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] W. E. Watkins
[Address] Paris, Route #

15 Filed 18 mch 21 1921 H. A. Bodes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 16, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1921 to Feb. 16, 1921, that I last saw him alive on Feb. 16, 1921 and that death occurred, on the date stated above, at 6:30 A.M.
The CAUSE OF DEATH* was as follows: 197

Homicide
[Duration] yrs. mos. 15 ds.

Contributory [SECONDARY] Embolism
[Duration] yrs. mos. 2-0-1921

Signed Chas. J. Bair, M. D.
Feb 20, 1921 Address Candlen, 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 Pleasant Hill, Tenn. DATE OF BURIAL Feb. 17, 1921

20 UNDERTAKER J. S. Speer ADDRESS Paris, 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.