

002

Size 8 1/2 x 7 1/4

MARGIN RESERVED FOR BINDING

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.

1. PLACE OF DEATH

County Benton 0312
 Civil Dis. 12 112
 or
 Village 0312
 or
 City Josh Brunton (No. 0312 St.; 12 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. 0 mos. 0 da.

2. FULL NAME Willard G. Haskins (Give War and Military Organization)

(a) Residence: No. Brunton Rt # 1 St., 12 Ward. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			21. DATE OF DEATH (month, day, and year) <u>2/19</u> , 19 <u>38</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 17</u> , 19 <u>38</u> , to <u>Feb. 19</u> , 19 <u>38</u> I last saw <u>him</u> alive on <u>Feb. 19</u> , 19 <u>38</u> , death is said to have occurred on the date stated above, at <u>10 P.</u>	
6. DATE OF BIRTH (month, day, and year) <u>May 25-1926</u>					The principal cause of death and related causes of importance in order of onset were as follows: <u>Acute Bright's Disease - 2-16-38</u>	
7. AGE		Years <u>11</u>	Months <u>8</u>	Days <u>24</u>	If LESS than 1 day, <u> </u> hrs. or <u> </u> min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>School</u> 10. Date deceased last worked at this occupation (month and year) <u> </u> 11. Total time (years) spent in this occupation <u> </u>					Contributory causes of importance not related to principal cause: <u>menstrual</u> 7-1-38	
					12. BIRTHPLACE (city or town) <u>Benton Co. Tenn</u> (State or country) How long in U. S. if of foreign birth? yrs. <u> </u> mos. <u> </u> da.	
MOTHER FATHER					13. NAME <u>J. L. Haskins</u>	
					14. BIRTHPLACE (city or town) <u>Benton Co. Tenn</u> (State or country)	
					15. MAIDEN NAME <u>Cabbie Pierce</u>	
					16. BIRTHPLACE (city or town) <u>Benton Co.</u> (State or country)	
17. INFORMANT <u>J. L. Haskins</u> (Address) <u>Brunton 2</u>					Name of operation <u> </u> Date of <u> </u>	
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mt Carmel</u> Date <u>2/20</u> , 19 <u>38</u>					What test confirmed diagnosis? <u> </u> Was there an autopsy? <u> </u>	
19. UNDERTAKER <u>Coyden Funeral Home</u> (Address) <u>Brunton</u>					23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> 19 <u> </u> Where did injury occur? <u> </u> <small>(Specify city or town, county, and State)</small> Specify whether injury occurred in industry, in home, or in public place.	
20. FILED <u>Mar. 7</u> , 19 <u>38</u> <u>C. C. Hallingsworth</u> Registrar.					Manner of injury <u> </u> Nature of injury <u> </u>	
					24. Was disease or injury in any way related to occupation of deceased <u>Yes</u> If so, specify <u> </u> (Signed) <u>L. E. Truett</u> , M. D. (Address) <u>Brunton</u>	

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

Dr. Truett
2221
File No. 4
Reg. No. 4
If a War Veteran, fill out blank below.