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. 18

OR

Village .....

OR

City ..... (No. ....., ... St.; ..... Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH 9515

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

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

2 FULL NAME J. C. Abbott

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 14 1869
(Month) (Day) (Year)

7 AGE 58 yrs. 1 mos. 5 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) .....

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER W. S. Abbott

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Mary P. Arnold

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] E. R. Abbott

[Address] Camden Tenn

15

Filed June 15 1927 L. D. Hurley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 19 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Apr. 2 1927, to May 19, 1927, that I last saw him alive on May 19, 1927 and that death occurred, on the date stated above, at 11:20 P.M.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

[Duration] 2 yrs. ..... mos. ..... ds.

Contributory [SECONDARY] .....

[Duration] ..... yrs. ..... mos. ..... ds.

Signed C T Cox, M. D.

May 20 1927 Address Westport

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. **State whether or not an operation was performed.**

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 Cem — DATE OF BURIAL May 20 1927

20 UNDERTAKER R. D. Dilday — ADDRESS