

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

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

County Jackson File No. 5
Civil Dist. #12 Registration District No. 44412
or Village Bloomington Spgs Tenn Primary Registration District No. 12 Registered No. 5
or City _____ (No. _____) St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John O Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
6 DATE OF BIRTH Jan 14, 1917
7 AGE one 2 If LESS than 1 day, -----hrs. or -----min.?
8 OCCUPATION Name
9 BIRTHPLACE (State or country) Jackson Co Tenn
10 NAME OF FATHER W B Johnson
11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn
12 MAIDEN NAME OF MOTHER L B Harlet
13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 16, 1917
17 I HEREBY CERTIFY, That I attended deceased from _____, 191, to _____, 191, that I last saw him alive on Feb 15-11 P.M., 1917, and that death occurred, on the date stated above, at 4 or 5 a m.
The CAUSE OF DEATH* was as follows:
Unknown Pind Student 204
Found Dead in Bed
Contributory (SECONDARY) _____
(Signed) W B Johnson father
March 2, 1917 (Address) Bloomington Spgs 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W B Johnson
Bloomington Spgs Tenn R#1
(Address)

15 Filled March 2, 1917 by Jno B Billingsley
Gambelboro Tenn REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Jackson Cemetery DATE OF BURIAL Feb 16, 1917
20 UNDERTAKER, ADDRESS W R Johnson Gambelboro Tenn
R#3