

WRITE PLAIN. 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 Jackson
Civil Dist. 11 Registration District No. 24411 File No. _____
or Village _____ Primary Registration District No. 11 Registered No. _____
or City _____ (No. _____) St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Woodrow Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)
6 DATE OF BIRTH 4 29, 1917
(Month) (Day) (Year)
7 AGE _____ If LESS than 1 day, ---- hrs. or ---- min.?
-----yrs.-----mos.-----ds. 3 ds.

8 OCCUPATION
(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 Fred Johnson

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Johnson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fred Johnson
(Address) Gambro R.H.

15 Filled 6/8, 1917 L. R. Anderson
REGISTRAR

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

16 DATE OF DEATH 5 2, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4/29, 1917, to 5/2, 1917, that I last saw him alive on 5/2, 1917, and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows:
Congenital Deblity e.g. Retenes

(Duration)-----yrs.-----mos.-----ds.

Contributory (SECONDARY) _____

(Duration)-----yrs.-----mos.-----ds.

(Signed) L. R. Anderson, M. D.
5/3, 1917. (Address) Gambro R.H.

*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 Spring Hill Cemetery DATE OF BURIAL 5/3, 1917

20 UNDERTAKER J. K. Priddy ADDRESS Gainesville R.H.