

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

Civil Dist. # 4

Village _____

City _____

Registration District No. 44404

Primary Registration District No. _____

File No. _____

Registered No. 7

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

2 FULL NAME Joseph Brommitt

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH May 29, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Aug 1, 1826
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 28, 1917, to May 29, 1917, that I last saw him alive on May 29, 1917, and that death occurred, on the date stated above, at 6 P.

7 AGE 90 yrs. 9 mos. 28 ds. If LESS than 1 day, --- hrs. or --- min.?

The CAUSE OF DEATH* was as follows:

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

acute pneumonia
(Duration) --- yrs. --- mos. 7 ds.

9 BIRTHPLACE (State or country) Camden Co. Ky

Contributory (SECONDARY) _____ (Duration) --- yrs. --- mos. --- ds. (Signed) Frank B. Clark M. D. May 29, 1917 (Address) Haydenburg Tenn

10 NAME OF FATHER James Brommitt

11 BIRTHPLACE OF FATHER (State or country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (State or country) not known

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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 _____

(Informant) B. P. Clark

(Address) Whitleyville Tenn

15 Filed May 30, 1917 Pat Clark REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Shoulders Grave rd DATE OF BURIAL May 31, 1917

20 UNDERTAKER Bon Mill ADDRESS Whitleyville Tenn