

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.

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

317

1 PLACE OF DEATH  
County Jackson  
Civil Dist. First Registration District No. 441 File No. 27  
or Village Memphis Primary Registration District No. \_\_\_\_\_ 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 Samuel Wesley

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 29, 1886  
(Month) (Day) (Year)

7 AGE 41 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Lawyer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Clay County

PARENTS

10 NAME OF FATHER Walter Tenet

11 BIRTHPLACE OF FATHER (State or country) Clay County

12 MAIDEN NAME OF MOTHER Mary White

13 BIRTHPLACE OF MOTHER (State or country) Clay County

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 15, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1<sup>st</sup> 1917, to Aug 15, 1917, that I last saw him alive on Aug 15, 1917, and that death occurred, on the date stated above, at 7<sup>00</sup> m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia tuberculosis

(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Chas C. Fowler M. D. (Address) CC Fowler

\*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) \_\_\_\_\_  
(Address) \_\_\_\_\_

15 Filed Sept 28 7 1917 W. H. Little REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Camden DATE OF BURIAL Sept 16, 1917

20 UNDERTAKER McKernan & Co. ADDRESS Camden