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

219

1 PLACE OF DEATH.

County Jackson

Civil Dist. or Village or City First Gainesboro (No. ____ St.; ____ Ward)

Registration District No. 44 Primary Registration District No. 2 4401

File No. 219

Registered No. ____

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

2 FULL NAME Fowler Patterson

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: Dec (Month) 2 (Day), 1884 (Year)

7 AGE: 33 yrs. ____ mos. ____ 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): Jackson Co

PARENTS

10 NAME OF FATHER: Johnny Patterson

11 BIRTHPLACE OF FATHER (State or country): Tennessee

12 MAIDEN NAME OF MOTHER: Martha Bilbrey

13 BIRTHPLACE OF MOTHER (State or country): Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ____

(Address) ____

15 Filed Aug 15, 1917 W. H. Sitton REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1917, to Aug 15, 1917, that I last saw him alive on Aug 15th, 1917, and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH * was as follows:

Stomach Poison

Eating fish 175

(Duration) ____ yrs. ____ mos. 6 ds.

Contributory (SECONDARY) ____ (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) John C. Fowler, M. D.

Aug 15, 1917 (Address) Gainesboro 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 ____

19 PLACE OF BURIAL OR REMOVAL: Free State

DATE OF BURIAL: Aug 16, 1917

20 UNDERTAKER: McClanahan & Bro.

ADDRESS: Gainesboro

Form V.S. No. 4—100M. FOSTER & PARKES CO., NASHVILLE