STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

338

1 PLACE OF DEATH

County Jackson

Civil Dist. 11 or Village ____ or City ____ (No. ____, ____ St.; ____ Ward)

Registration District No. 44/11 Primary Registration District No. 11

File No. ____ Registered No. 20

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

2 FULL NAME Oscar Hoover

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male | 4 COLOR OR RACE: white | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 10 (Month) 18 (Day), 1907 (Year)

7 AGE: 10 yrs. [redacted] mos. 2 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country): Tenn.

PARENTS

10 NAME OF FATHER: John Hoover

11 BIRTHPLACE OF FATHER (State or country): Tenn.

12 MAIDEN NAME OF MOTHER: Whitlow

13 BIRTHPLACE OF MOTHER (State or country): Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Hoover
(Address) Jacksboro Tenn

15 Filed 10/9, 1917 L. R. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 10 (Month) 20 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10/15 1917, to 10/20, 1917, that I last saw h[redacted] alive on 10/20, 1917, and that death occurred, on the date stated above, at 10[redacted]m.

The CAUSE OF DEATH* was as follows:

Pneumonia Bronchial,

(Duration) ____ yrs. ____ mos. 5 ds.

Contributory (SECONDARY) ____

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

(Signed) L. R. Anderson, M. D.

10/21, 1917. (Address) Jamestown 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: Wheeler Cemetery — DATE OF BURIAL: 10/21, 1917

20 UNDERTAKER: Tom Biggs — ADDRESS: Jamestown Tenn

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.

WRITE PLAINLY, WITH UNFADING INK

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