

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

1 PLACE OF DEATH
County Jackson,
Civil Dist. # 7. Registration District No. 114407 File No. 379
or
Village _____ Primary Registration District No. _____ Registered No. _____
or
City Bloomington Spgs., (No. R. F. D., # 1 St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME R. Patterson Carter,

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 December 16, 1917.
(Month) (Day) (Year)

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

8 OCCUPATION
(a) Trade, profession, or particular kind of work None,
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Jackson County Tenn.

PARENTS
10 NAME OF FATHER John T. Carter,
11 BIRTHPLACE OF FATHER (State or country) Jackson Co.,
12 MAIDEN NAME OF MOTHER Ollie Davidson.
13 BIRTHPLACE OF MOTHER (State or country) Jackson Co.,

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 16th 1917, 1917
(Month) (Day) (Year)

17 We HEREBY CERTIFY, That I attended deceased from December 16, 1917, to _____, 1917, that I last saw him alive on _____, 1917, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
Stillborned,

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) Mrs. Anderson & Wheeler, M. D.
12/16, 1917. (Address) Bloomington, Spgs.

*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) John T. Carter,
(Address) Bloomington Springs Tenn.

15 Filed Dec 16, 1917. W. L. Stuart
REGISTRAR

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 Dec 16, 1917.
20 UNDERTAKER Ollie Carter ADDRESS Bloomington Tenn.