

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.

1 PLACE OF DEATH.

County Jackson,

Civil Dist. # 7.

or Village _____

or City Bloomington Springs (No. R. # 1.)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44407

Primary Registration District No. _____

File No. 4

Registered No. _____

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

2 FULL NAME Johnathan T. Wheeler,

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 October 6th, 1843
(Month) (Day) (Year)

7 AGE 74 yrs. 3 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer 000
(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 William C. Wheeler,
11 BIRTHPLACE OF FATHER (State or country) Jackson Co.
12 MAIDEN NAME OF MOTHER Edeth Rodgers,
13 BIRTHPLACE OF MOTHER (State or country) Jackson Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Mae Wheeler
(Address) Bloomington Springs Tenn.

15 Filed Jan 9, 1918 W. L. Stout
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 9th, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from December 1915, to January 9th, 1918, that I last saw him alive on January 9th, 1918, and that death occurred, on the date stated above, at 2 Pm.

The CAUSE OF DEATH * was as follows:
Carcinoma of the Esophagus. 44

(Duration) 3 yrs. 1 mos. _____ ds.

Contributory (SECONDARY) _____

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

(Signed) J. Mae Wheeler, M. D.
January 9, 1918. (Address) Bloomington Sprs.

*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's Graveyard DATE OF BURIAL Jan. 10th, 1918

20 UNDERTAKER _____ ADDRESS _____