

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. 12 Registration District No. 44412 File No. 1
 or Bloomington Spgs Primary Registration District No. 12 Registered No. 1
 or
 City _____ (No. _____, _____ St.; _____ Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Morrison Walde

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 Nov 4, 1897
 (Month) (Day) (Year)

7 AGE 21 2 10
 yrs. mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Jackson Co Tenn

PARENTS

10 NAME OF FATHER Ed Walder

11 BIRTHPLACE OF FATHER (State or country) Putnam Co Tenn

12 MAIDEN NAME OF MOTHER ella Gursby

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) E E Waller
Bloomington Springs Tenn
 (Address)

15 Filed Jan 24, 1918
Jacob Billingsly REGISTRAR
Fairbairn

Form V.S. No. 4-100M. POSTER & PARKER CO., NASHVILLE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 14, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April, 1916, to Jan 9, 1918, that I last saw him alive on Jan 9, 1918, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:
Amoebic Dysentery chronic
developed Gangrenous
Stomatitis 16a
 (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) L M Freeman, M. D.
Jan 22, 1918 (Address) Granville 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 Goodeby cemetery DATE OF BURIAL Jan 15, 1918

20 UNDERTAKER Jacob McHenry ADDRESS Bloomington Springs Tenn R 1