

MARGIN RESERVED FOR BINDING  
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. 5  
 or Village Ismanville  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

8

Registration District No. 44405  
 Primary Registration District No. 5

File No. 3  
 Registered No. \_\_\_\_\_

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

2 FULL NAME William Hardin Daniel

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH January 27, 1853  
(Month) (Day) (Year)

7 AGE 64 yrs. 11 mos. 23 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) 000

9 BIRTHPLACE (State or country) Cumberland Co Ky

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER (State or country) Kent Ky

12 MAIDEN NAME OF MOTHER Jules Daniel

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. H. H. Daniel wife  
 (Address) Gravelle, Ten

15 Filed May 10, 1918 W. R. Watts  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 20, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 17, 1918, to Jan 20, 1918, that I last saw him alive on Jan 20, 1918, and that death occurred, on the date stated above, at 7<sup>30</sup> m.

The CAUSE OF DEATH\* was as follows:  
Initial Regurgitation  
I only saw him in latter stages of the disease  
treated at Goodsville Hospital  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Signed) L. M. Hummer, M. D.  
 191\_\_\_\_ (Address) Gravelle, Ten

\*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 Holloman DATE OF BURIAL Jan 22, 1918

20 UNDERTAKER Williamson ADDRESS 300 Gravelle