

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

24

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 11 Registration District No. 44411 File No. _____
or Village _____ Primary Registration District No. 11 Registered No. 5
or City _____ (No. _____, St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME John Hoile

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>	16 DATE OF DEATH <u>2</u> / <u>16</u> , 191 <u>8</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>8</u> / <u>10</u> , 191 <u>6</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>2/12</u> 191 <u>8</u> , to <u>2/16</u> , 191 <u>8</u> , that I last saw him alive on <u>2/16</u> , 191 <u>8</u> , and that death occurred, on the date stated above, at <u>11</u> a.m.	
7 AGE <u>1</u> yrs. <u>6</u> mos. <u>6</u> ds.		If LESS than 1 day, -----hrs. or -----min.?	The CAUSE OF DEATH* was as follows: <u>whooping cough</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Infant</u>			(Duration) ----- yrs. ----- mos. <u>30</u> ds.	
9 BIRTHPLACE (State or country) <u>Tenn</u>			Contributory <u>Branchial Pneum.</u> (SECONDARY) (Duration) ----- yrs. ----- mos. ----- ds.	
PARENTS	10 NAME OF FATHER <u>Amos Hoile</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	(Signed) <u>L R Anderson</u> , M. D. <u>2/18</u> , 191 <u>8</u> . (Address) <u>Garmsboro</u>	
	12 MAIDEN NAME OF MOTHER <u>Charlitta Apple</u>	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Amos Hoile</u> (Address) <u>Garmsboro R#3</u>			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 _____
15 Filed <u>3/5</u> , 191 <u>8</u> <u>L R Anderson</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Garmsboro</u> DATE OF BURIAL <u>2/18</u> , 191 <u>8</u>	
			20 UNDERTAKER <u>Bill Lane</u> ADDRESS <u>Garmsboro</u>	