

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. 15 Registration District No. 44415

or Village X Primary Registration District No. _____

or City _____ (No. _____, _____ St.; _____ Ward)

2 FULL NAME Thomas B. Walker

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

5358
35
File No. 14
Registered No. 14

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 13, 1866
(Month) (Day) (Year)

7 AGE 52 yrs. 5 mos. 22 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Gainesboro Tenn

PARENTS

10 NAME OF FATHER Spencer Walker

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 5, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1917, to Jan 29, 1918, that I last saw him alive on Jan 29, 1918, and that death occurred, on the date stated above, at 6 m.

The CAUSE OF DEATH* was as follows:
Disseminatory Cancer of the spleen

(Duration) 5 yrs. _____ mos. _____ ds.

Contributory Cardiac asthma
(SECONDARY)

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

(Signed) R. C. Saw, M. D.
_____, 191____ (Address) _____

*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) Jasper Walker
(Address) Gainesboro Tenn

15 Filed April 8, 1918 St. Louis Hall
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 Home Cemetery DATE OF BURIAL March 6, 1918

20 UNDERTAKER Jasper Walker ADDRESS Gainesboro Tenn