

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

43

## 1 PLACE OF DEATH

County JacksonCivil Dist. 5thor  
Village \_\_\_\_\_or  
City Granville (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)Registration District No. 44405File No. 2Primary Registration District No. 5

Registered No. \_\_\_\_\_

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

2 FULL NAME James T. Shoemaker

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed6 DATE OF BIRTH May 29, 1842  
(Month) (Day) (Year)7 AGE 75 yrs. 2 mos. 24 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) Smith Co.10 NAME OF FATHER Unknown11 BIRTHPLACE OF FATHER (State or country) Unknown12 MAIDEN NAME OF MOTHER "/13 BIRTHPLACE OF MOTHER (State or country) "/

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. B. Page(Address) Granville, Tenn15 Filed Apr 10, 1918 W. B. Watts  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 24, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 18, 1914, to Mar 22, 1918, that I last saw him alive on Mar 22, 1918, and that death occurred, on the date stated above, at 10 P. m.The CAUSE OF DEATH\* was as follows:  
Lesion of the mitral valves of the heart and dropsy.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. B. Page M. D. Mar 27, 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 Near Granville DATE OF BURIAL Mar 25, 191820 UNDERTAKER Williamson Bros. ADDRESS Granville, TennMARGIN 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.