

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. # 7  
or  
Village \_\_\_\_\_  
or  
City Blountington Spg R # 1

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

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CERTIFICATE OF DEATH

Registration District No. 44407 File No. \_\_\_\_\_  
Primary Registration District No. 44407 Registered No. 1  
St.; \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Bushom Clause

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 August, 1888  
(Month) (Day) (Year)

7 AGE 29 yrs. 10 mos. \_\_\_\_\_ 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) Home Labor

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER James Clause

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Nellie Vitito

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. B. Stout (sg)  
(Address) Granville Tenn

15

Filed June 11, 1918 Miss Emma Wheeler  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from June 11 1918, to June 14, 1918, that I last saw him alive on June 11, 1918, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis

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

(Signed) J. Mac Wheeler, M. D.  
June 11, 1918 (Address) Blountington Spg

\*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 Vitito Granville Tenn DATE OF BURIAL June 15, 1918

20 UNDERTAKER James Clause ADDRESS Blountington Spg