

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

81

1 PLACE OF DEATH

County Jackson
 Civil Dist. 13
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 44413

File No. _____

Primary Registration District No. 13

Registered No. _____

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

2 FULL NAME John Cameron

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 22, 1882
 (Month) (Day) (Year)

7 AGE 75 yrs. 11 mos. 24 ds. If LESS than 1 day, ---- hrs. or ---- min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Edgette Cameron

11 BIRTHPLACE OF FATHER (State or country) Scott Mass.

12 MAIDEN NAME OF MOTHER Price

13 BIRTHPLACE OF MOTHER (State or country) Scott Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Lou Hood

(Address) Whitelyville Ga.

15 Filed 7-23/1918 J. D. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 16, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 17 1917, to July 16, 1918, that I last saw him alive on July 16, 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis
129
 (Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) (Duration) ---- yrs. ---- mos. ---- ds.

(Signed) W. D. ... M. D.
July 17, 1918 (Address) Whitelyville

*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 75 yrs. 11 mos. 24 ds. In the 72 yrs. 11 mos. 24 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL South Fork - Camp DATE OF BURIAL 7-17, 1918

20 UNDERTAKER Low Witt ADDRESS Whitelyville Ga.

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.