

WRITE PLAIN 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. 12
 or
 Village Union
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

145

CERTIFICATE OF DEATH

Registration District No. 44412

File No. 20

Primary Registration District No. 12

Registered No. 20

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

2 FULL NAME John Haney

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 _____, 1878
(Month) (Day) (Year)

7 AGE about 42 yrs. 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) _____

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER Tobias Haney

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Betty Hensley

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leah Martin
Gainesboro Tenn R # 3
(Address)

15 Filled Nov 1, 1918 by Geo R Billingsley
Gainesboro Tenn R # 3
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 31, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct, 1918, to _____, 191____, that I last saw him alive on Oct 30, 1918, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH * was as follows:
Influenza followed by
Pneumonia

(Duration) yrs. mos. ds.

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

(Signed) N. M. McCom, M. D.
Nov 1, 1918 Gainesboro Tenn R # 3
(Address)

*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 Byers Cemetery DATE OF BURIAL Oct 31, 1918

20 UNDERTAKER Levy Ranney ADDRESS Gainesboro Tenn R # 3