

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.

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

217

1 PLACE OF DEATH
County Jackson
Civil Dist. #3 Registration District No. 114403 File No. _____
or Village Henderson Tenn Primary Registration District No. _____ Registered No. 7
or City _____ (No. _____ St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Henry Platt

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 April 5, 1857
(Month) (Day) (Year)

7 AGE 43 yrs. 2 mos. 25 ds. If LESS than 1 day, -----hrs. or -----min.?

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Asa Platt

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Sullie Dixon

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ben Platt
(Address) Henderson Tenn.

15 Filed May 21, 1920 M. H. Dyess REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 30, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 23, 1920, to May 30, 1920 that I last saw him alive on May 23, 1920 and that death occurred, on the date stated above, at 8:30 P.M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
Inta
(Duration) ----- yrs. ----- mos. ----- ds.

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

(Signed) F. D. Russell, M. D.
May 30, 1920 (Address) Henderson

*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 bank ground cem DATE OF BURIAL May 31, 1920

20 UNDERTAKER Law With Waltham Tenn ADDRESS _____