

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

280

1 PLACE OF DEATH
County Jac Rlan
Civil Dist. 12 Registration District No. 444 (2) File No. 18
or Bloomington Tenn Primary Registration District No. 12 Registered No. 19
or
City _____ (No. _____ St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Logan R Dyer

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 _____, 1837
(Month) (Day) (Year)

7 AGE 83 If LESS than 1 day, hrs. or min.?
..... yrs. mos. ds.

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

9 BIRTHPLACE Jackson Co Tenn
(State or country)

10 NAME OF FATHER William Dyer

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

12 MAIDEN NAME OF MOTHER Goold by

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bill Dyer
Bloomington Spry & Tenn R#1
(Address)

15 Filed Nov 4, 1920 J. B. Billingsley
General Clerk of Health
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 31, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 1912, to _____, 1920,
that I last saw him alive on Sept, 1920,
and that death occurred, on the date stated above, at 6 P. M.

The CAUSE OF DEATH* was as follows:
old age & infirmities
and Rheumatism of
long standing
(Duration) yrs. mos. ds.

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

(Signed) J. M. Wheeler, M. D.
1044 Bloomington Spry & Tenn R#1
(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 Dyer's Cemetery **DATE OF BURIAL** Nov 1, 1920

20 UNDERTAKER J. F. Hedrick **ADDRESS** Bloomington Tenn