

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

County Jackson

Civil Dist. # 12

Village \_\_\_\_\_

City Blountington Spring R. #1 Ward

Registration District No. 44412

Primary Registration District No. 12

File No. 4358

Registered No. 4

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

2 FULL NAME

Wheeler

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16-DATE OF DEATH May 23 1921  
 [Month] [Day] [Year]

6 DATE OF BIRTH May 23 1921  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 23 1921 to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_

7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

and that death occurred, on the date stated above, at Blountington  
 The CAUSE OF DEATH\* was as follows:

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

Pneumonia  
Stillborn  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

9 BIRTHPLACE (State or country) Jackson Co.

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

10 NAME OF FATHER Other Wheeler

Signed J. Max Wheeler M. D.  
May 23 1921 Address Blountington

11 BIRTHPLACE OF FATHER (State or country) Jackson

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

12 MAIDEN NAME OF MOTHER M. E. Lumbert

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

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] A. L. Wheeler

[Address] Granville Tenn

19 PLACE OF BURIAL OR REMOVAL at Home Place DATE OF BURIAL May 23 1921

15 Filed May 28 1921 Jno. B. Billingsley REGISTRAR

20 UNDERTAKER A. L. Wheeler ADDRESS Granville Tenn

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