STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

D 15

File No. 405

Registered No. 11

1 PLACE OF DEATH

County Sackson

Civil Dist. 4

or Village

or City (No. , St.; Ward)

Registration District No.

Primary Registration District No. 6643

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

2 FULL NAME John E Hammonds

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Mal

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: aug 29 (Month) (Day), 1849 (Year)

7 AGE: 74 yrs. 1 mos. 24 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): Gaines boro

PARENTS

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (State or country): unknown

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (State or country): unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Hammonds

(Address) Gainesboro

15

Filed Oct 25, 1924 A J Rhoads REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: oct (Month) 22 (Day), 1924 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ____ 191__, to ____, 191__, that I last saw h____ alive on ____, 191__, and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

1st Physician unknown

Acute 2054

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) A J Rhoads Phy, M. D.

191__ (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: Amity Vale — DATE OF BURIAL: Oct 26, 1924

20 UNDERTAKER: Robert Hammonds — ADDRESS: Gainesboro

Form V.S. No. 5 1500 Books