

MARGIN RESERVED FOR BINDING COPY
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

County Jackson
Civil Dist. 5
or Village Granville
or City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44405 File No. 410
Primary Registration District No. _____ Registered No. 15
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

Henry Hogan 11

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Boy 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH Nov 9 1917
(Month) (Day) (Year)

7 AGE 4 yrs. 4 mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min. 2

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

9 BIRTHPLACE (State or country) Putnam Co

10 NAME OF FATHER John Hogan

11 BIRTHPLACE OF FATHER (State or country) Putnam Co

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Joe Hogan (Cousin)
[Address] Granville

15 Filed Nov 9 1921 W J Maddux
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 9 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 9 1921 to Same, 1921, that I last saw him alive on Nov 9 1921 and that death occurred, on the date stated above, at 10 am

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia with
Pneilitis
[Duration] _____ yrs. _____ mos. 2 ds.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.
Signed W B Page M. D.
Address Granville Tenn

* 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 Granville Tenn DATE OF BURIAL Nov 10 1921

20 UNDERTAKER Williamson Bros ADDRESS Granville