

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

County Jackson

CERTIFICATE OF DEATH

Civil Dist. 15

Registration District No. HH 4 15

File No. 9415

Village _____

Primary Registration District No. _____

Registered No. _____

City _____

(No. _____, St.; _____ Ward)

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

2 FULL NAME William Toney

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

16 DATE OF DEATH Nov. 15 1921
 [Month] [Day] [Year]

6 DATE OF BIRTH Aug 3
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____

7 AGE 73 yrs. 2 mos. 20 ds. II LESS than I day, ____ hrs. or ____ min.?

and that death occurred, on the date stated above, at _____ M

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

The CAUSE OF DEATH* was as follows: Influenza & Pneumonia

9 BIRTHPLACE (State or country) Tennessee

[Duration] ____ yrs. 1 mos. 6 ds.

10 NAME OF FATHER Buck Toney

Contributory Acute Pharyngitis
 [SECONDARY] [Duration] ____ yrs. ____ mos. ____ ds.

11 BIRTHPLACE OF FATHER (State or country) Tennessee

Signed _____, M. D.
 _____, 191____ Address _____

12 MAIDEN NAME OF MOTHER Mancy Hall

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

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] _____
 [Address] _____

19 PLACE OF BURIAL OR REMOVAL Sanary Cemetery DATE OF BURIAL NO 16 21
 20 UNDERTAKER none ADDRESS _____

15 Filed _____ 191____ Mr J. M. Carson
 REGISTRAR