

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. 12
 or Village Bloomington Springs
 or City Hem R#1 (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 444 12 File No. 10427
 Primary Registration District No. 12 Registered No. 10

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

2 FULL NAME William W. Bloomington

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 _____, 1864
(Month) (Day) (Year)

7 AGE about 58 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Saw Mill Man
 (b) General nature of industry, business, or establishment in which employed (or employer) Dealer in Lumber

9 BIRTHPLACE (State or country) Putnam Co Tenn

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Illegitic

12 MAIDEN NAME OF MOTHER Syna Brewington

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) R. E. Edwards
Bloomington Springs Tenn R#1
(Address)

15 Filed Jan 4, 1922 J. B. Billingsley REGISTRAR
Gaulthier Tenn R#3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 31, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1921, to Dec 30, 1921, that I last saw him alive on Dec 30, 1921, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH * was as follows: Heart Followed by Pneumonia
 _____ (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) L. R. Anderson M. D.
Jan 4, 1922 (Address) Bloomington Springs R#1

*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 Elath Cemetery DATE OF BURIAL Jan 1, 1922

20 UNDERTAKER G. L. Veil ADDRESS Bloomington Springs
1 1/2 Hem R#1