

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. 12or Village Mayfield

City \_\_\_\_\_

Registration District No. 44412Primary Registration District No. 12

(No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

File No. 293Registered No. 2

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

2 FULL NAME Alce Grogan

## 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 \_\_\_\_\_, 1851  
(Month) (Day) (Year)7 AGE about 65 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.8 OCCUPATION  
(a) Trade, profession, or particular kind of work he was insured  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Putnam Co Tenn10 NAME OF FATHER John Grogan11 BIRTHPLACE OF FATHER (State or country) Putnam Co Tenn12 MAIDEN NAME OF MOTHER Not known13 BIRTHPLACE OF MOTHER (State or country) Putnam Co Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(informant) R. E. Edwards(Address) Bloomington Springs18 Filed Jan 8, 1922 W. B. Billingsley  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 24, 1922  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1920, to \_\_\_\_\_ Dec, 1921,that I last saw him alive on \_\_\_\_\_ Dec, 1921, and that death occurred, on the date stated above, at 2 P. m.The CAUSE OF DEATH\* was as follows:  
Tuberculosis of the LungsHereditary

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. M. White, M. D.  
P. S., 1922 (Address) Bloomington Springs 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 Burial cemetery DATE OF BURIAL Jan 25, 192220 UNDERTAKER John Maddox ADDRESS Burial

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.