STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

296

1 PLACE OF DEATH

County Davidson
Civil Dist. 8
OR
Village
OR
City (No. , St.; Ward)

Registration District No. 44418 File No. 1
Primary Registration District No. Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John Cooper

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH (Month) (Day) 25 (Year)

7 AGE 25 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Jas. Cooper
11 BIRTHPLACE OF FATHER [State or country] Tenn
12 MAIDEN NAME OF MOTHER Morgan Fitzpatrick
13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Walter Reed
[Address] Nashville

15 Filed Jan 1922 Wm. Cass REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. (Month) 29 (Day) 1922 (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: a gun shot at the Shoulder of Gun Shot Wound

[Duration] yrs. mos. ds.

Contributory [SECONDARY] Homicide 1997

[Duration] yrs. mos. ds.

Signed 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 Interstanding
DATE OF BURIAL Jan 30 1922
20 UNDERTAKER
ADDRESS

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.

Form V. S. No. 4 20M Tennessee Industrial School Print.