

MARGIN RESERVED FOR BINDING

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. First
OR
Village Garrettsburg
OR
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 4-461
Primary Registration District No. _____

File No. 11 326

Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John Martin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH _____ 1 _____
(Month) (Day) (Year)

7 AGE 72 If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work Miller & Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) 380

9 BIRTHPLACE (State or country) Ill

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or country) Ill

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) Ill

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

15 Filed Apr 5, 1922 M. M. H. Hett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 22, 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1922, to March 22, 1922 that I last saw him alive on March 22, 1922 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Old and Pneumonia
Flu Ita
[Duration] yrs. mos. ds.

Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.
Signed Chas E. Burns M. D.
191 _____ Address Garrettsburg

* 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 Pharis Cemetery DATE OF BURIAL March 27, 1922
20 UNDERTAKER None ADDRESS _____