

WRITE PL. LY. 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. # 7.

or Village \_\_\_\_\_

or City Bloomington Springs (No. R. #1,

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44407

File No. 342

Primary Registration District No. \_\_\_\_\_

Registered No. 10

St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME George Lee Stout,

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH December 16, 1888  
(Month) (Day) (Year)

7 AGE 33 yrs. 4 mos. 6 ds. If LESS than 1 day, -----hrs. or -----min.?

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

9 BIRTHPLACE (State or country) Jackson Co. Tenn.

10 NAME OF FATHER Willim Layfayett, Stout,

11 BIRTHPLACE OF FATHER (State or country) Tenn. U.S.A

12 MAIDEN NAME OF MOTHER Martha Carter,

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W.L. Stout,

(Address) Bloomington Springs,

15 Filed June, 5th, 1922 Emma Whaler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 22, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 11, 1921, to April 20, 1922, that I last saw him alive on April 20th, 1922, and that death occurred, on the date stated above, at 10Pm.

The CAUSE OF DEATH\* was as follows: Pulmonary Teuberculosis, 31

(Duration) 3 yrs. mos. ds.

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

(Signed) J. M. C. Wheeler, M. D. June, 3, 1922 (Address) Bloomington Spes

\*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 Churries Chaple DATE OF BURIAL 4/23/22, 1922

20 UNDERTAKER X ADDRESS X