

RECEIVED FOR BINDING (NT)

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 Madison
Civil Dist. 8
OR
Village _____
OR
City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44414
Primary Registration District No. _____

File No. 344

Registered No. _____

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

2 FULL NAME unnamed Goff's

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Apr 5</u> 19 <u>22</u> (Month) (Day) (Year)		
7 AGE yrs. mos. <u>el. ds.</u>		If LESS than 1 day, ____ hrs. or ____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER <u>Rebel Goff's</u>
11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>
12 MAIDEN NAME OF MOTHER <u>Manni Goff's</u>
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Carry Goff's
[Address] Winnsboro

15
Filed Apr 22 1922 M. M. Carr
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 26 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____, that I last saw him alive on _____ 191____, and that death occurred, on the date stated above, at _____ M.

The CAUSE OF DEATH* was as follows:
found dead in Bed
Ball River
2050

[Duration] yrs. mos. ds.
Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.
Signed W. H. P. 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 Blountingon DATE OF BURIAL Apr 1922
20 UNDERTAKER _____ ADDRESS _____