

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 Gainesboro
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 441
Primary Registration District No. 44401

File No. 15
Registered No. _____

2 FULL NAME John Vanhooker

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

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 November 11, 1831
(Month) (Day) (Year)

7 AGE 90 yrs. 6 mos. 18 ds. or 18 min.?
If LESS than 1 day, _____ hrs.

8 OCCUPATION Teacher and School
(a) Trade, profession, or particular kind of work Teacher
(b) General nature of industry, business, or establishment in which employed (or employer) OOO

9 BIRTHPLACE (State or country) Virginia, Madison Co

10 NAME OF FATHER Leah Vanhooker

11 BIRTHPLACE OF FATHER (State or country) Virginia

12 MAIDEN NAME OF MOTHER Elizabeth Street

13 BIRTHPLACE OF MOTHER (State or country) VA

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Pey Vanhooker
[Address] Gainesboro

15 Filed July 8, 1922 Mrs. W. H. Kettle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 30, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1922 to May 29, 1922, that I last saw him alive on May 29, 1922 and that death occurred, on the date stated above, at home

The CAUSE OF DEATH* was as follows:
old age and illness
[Duration] yrs. mos. ds.

Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.

Signed Char C Rumb M. D.
May 30, 1922 Address Gainesboro

* 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 East cemetery DATE OF BURIAL May 31, 1922

20 UNDERTAKER Resurrection Lake Gainesboro ADDRESS _____