

WRITE PLAINLY, IN 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 Dadeboro
 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. 114408
 Primary Registration District No. _____

File No. 372
97
 Registered No. _____

2 FULL NAME Bob Goodheart

[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 Y
 (Write the word)

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

7 AGE 35 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Stamper
 (a) Trade, profession, or particular kind of work. 000
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Tenn
 (State or country)

10 NAME OF FATHER William Goodheart

11 BIRTHPLACE OF FATHER Tenn
 [State or country]

12 MAIDEN NAME OF MOTHER Gene Rowell

13 BIRTHPLACE OF MOTHER Tenn
 [State or country]

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

15 Filed July 22 1922 Wm. G. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 28 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:
accidental gunshot
183

Contributory [SECONDARY] _____ [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 St. Marys Cemetery DATE OF BURIAL July 24 1922
 20 UNDERTAKER none ADDRESS _____