

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. 12
 or Village Philadelphia
 or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. 373
 Registered No. 12
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Joe M. Harrington

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 _____, 1875
(Month) (Day) (Year)

7 AGE 77 yrs., _____ mos., _____ ds. | If LESS than 1 day, _____ hrs., or _____ min.?

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

9 BIRTHPLACE (State or country) Putnam Co Tenn

10 NAME OF FATHER John Harrington

11 BIRTHPLACE OF FATHER (State or country) Putnam Co Tenn

12 MAIDEN NAME OF MOTHER Hopkins

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Belle Clinton
Bloomington Springs Tenn R #1
(Address)

15 Filed Aug 4, 1922 J. H. Billingsley REGISTRAR
Camden Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 29, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 25, 1922, to July 28, 1922, that I last saw him alive on July 28, 1922, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Rheumatism of Proxymy 51
But he felt & hurt himself
Badly & was the direct
cause (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) L. R. Anderson, M. D.
Aug 4, 1922 (Address) Camden R #4

*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 Hopkins Cemetery | **DATE OF BURIAL** July 30, 1922

20 UNDERTAKER J. H. Billingsley | **ADDRESS** Bloomington Springs R #1