

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. 13  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

4017

Registration District No. 44413  
 Primary Registration District No. \_\_\_\_\_

File No. 98  
 Registered No. 98

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

2 FULL NAME Andy Vanhooker

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 19 1898  
 (Month) (Day) (Year)

7 AGE 76 yrs. 2 mos. 23 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Valley Vanhooker

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Artha Moore

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. J. Vanhooker

[Address] Waverly Hill

15 Filed Apr 5 1924 J. O. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 4 1924  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 31 1924 to March 31 1924, that I last saw him alive on March 31 1924 and that death occurred, on the date stated above, at 10 A M

The CAUSE OF DEATH\* was as follows:  
Blood Poison - 202  
Shin splint - a little

place over shin (Duration) \_\_\_\_\_ ds.

Contributory it became infected (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed J. E. Reaves M. D.

April 5 1924 Address Summersboro

\* 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 76 yrs. 2 mos. 23 ds. In the 76 yrs. 2 mos. 23 ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Reed County DATE OF BURIAL Apr 5 1924

20 UNDERTAKER None ADDRESS \_\_\_\_\_