

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.

STATE OF TENNESSEE

413

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. Chick
OR
Village Wainsboro R2
OR
City Wainsboro

Registration District No. _____

Primary Registration District No. 442

File No. _____

Registered No. _____

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

2 FULL NAME

Walter C. Cop

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 March 24 1874
(Month) (Day) (Year)

7 AGE 50 yrs. 1 mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Allic Bould

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Joy Murphy

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Walter C. Cop

[Address] Wainsboro Tn

15 Filed June 4 1924 A. J. Sharin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 / 1 / 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from April 30 1924 to April 30 1924, that I last saw her alive on April 30 1924 and that death occurred, on the date stated above, at 8:00 a.m.

The CAUSE OF DEATH* was as follows:
Bronchial Pneumonia following influenza
[Duration] _____ yrs. _____ mos. _____ ds.

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

Signed W. M. Brown M. D.

6-12 1924 Address Wainsboro Tn

* 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] 3 1/2 yrs. all of life
At place of death _____ yrs. _____ mos. _____ ds. In the _____ of _____ State _____ yrs. _____ mos. _____ ds.

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

19 PLACE OF BURIAL OR REMOVAL Wainsboro Tn DATE OF BURIAL May 2 1924

20 UNDERTAKER W. M. Brown ADDRESS Wainsboro Tn