

## STATE OF TENNESSEE

433

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. 12OR  
Village CherryOR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 44412Primary Registration District No. 12File No. 11Registered No. 11

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

2 FULL NAME Thomas Franklin Hot

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH April 7 1870  
(Month) (Day) (Year)7 AGE 54 yrs. 3 mos. 12 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work None he was an  
(b) General nature of industry, business, or establishment in which employed (or employer) invalid all his life9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER Merida A Hot11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Letha M. Le Hot13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] John R Hot  
Gamburo Tenn R # 3  
[Address]

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Filed July 24, 1924 Jno B Billingsley  
Registrar  
Gamburo Tenn R # 3

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 19 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 12 1924 to July 18 1924, that I last saw him alive on July 18 1924 and that death occurred, on the date stated above, at 3 P M. The CAUSE OF DEATH was as follows:  
Natural fever followed by pneumonia he was of unsound mindContributory (SECONDARY) \_\_\_\_\_  
(Duration) yrs. mos. ds. 8 ds.Signed N M McLesin M. D.  
Gamburo R # 3  
July 24 1924 Address \_\_\_\_\_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 Hot cemetery DATE OF BURIAL July 20 192420 UNDERTAKER Robert Chaffin Gamburo Tenn ADDRESS R # 3

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.