

STATE OF TENNESSEE

446

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 12OR
Village MayfieldOR
City _____Registration District No. 444 12Primary Registration District No. 12File No. 15Registered No. 15

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

2 FULL NAME

William H. Flatt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)Widower

6 DATE OF BIRTH

May 16 1859
(Month) (Day) (Year)

7 AGE

65 yrs. 3 mos. 14 ds.

IF LESS THAN

1 day, ____ hrs.

or ____ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Farmer600

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(State or country)Jackson Co Tenn

10 NAME OF FATHER

John M Flatt11 BIRTHPLACE OF FATHER
(State or country)Jackson Co Tenn

12 MAIDEN NAME OF MOTHER

Elizabeth Hot13 BIRTHPLACE OF MOTHER
(State or country)Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

G R Flatt

[Address]

Gambard Tenn R#3

15

Filed

Sept 6 1914
J. B. Billingsley
Gambard Tenn R#3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

August 28 1914
(Month) (Day) (Year)

17

I HEREBY CERTIFY, That I attended deceased from

192 to 192that I last saw him alive on 8, 192and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:

Died Sudden of Heart 20
Failure No Doctor Present
He Was on the Public Road For
a Train Just Fell Dead Two
Children in Sight When he
fell
Contributory (SECONDARY) _____Signed J. Mag. Wheeler M.D.Sept 6 1914 Address Baxter Tenn

* 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

DATE OF BURIAL

Flatt Cemetery Aug 29 1914

20 UNDERTAKER

ADDRESS

J. M. Pippin Gambard Tenn

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.