

STATE OF TENNESSEE

451

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County FranklinCivil Dist. FirstOR
Village SumabonOR
City _____ (No. _____, St.; _____ Ward)Registration District No. 441Primary Registration District No. 24401File No. 18

Registered No. _____

[If death occurred
hospital or institu-
give its NAME instead
street and number.]2 FULL NAME William Morton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant6 DATE OF BIRTH Sept 13 (Month) (Day) (Year)7 AGE 10 hours If LESS than 1 day, _____ or _____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Gainesboro

10 NAME OF FATHER _____

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER Charity Morton13 BIRTHPLACE OF MOTHER (State or country) Gainesboro14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____15
Filed Oct 19 1924 Mrs. H. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 14 1924
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from morning 1924 last night mid night that I last saw h. alive on said that 1924

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows: it may
Bald Hump 205a
[Duration] _____ yrs. _____ mos. _____ ds.Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.Signed _____ M. D.
_____ 1924 Address _____

* 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 Sept 14 1924

20 UNDERTAKER _____ ADDRESS _____

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.