

WRITE PLAINLY, IN 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. 12
 OR
 Village Blenny
 OR
 City _____ (No. _____ St. _____ Ward _____)

STATE OF TENNESSEE

469

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. 18
 Registered No. 18

2 FULL NAME Benjamin Bartlett Hat

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH February 23 1840
 (Month) (Day) (Year)

7 AGE 84 yrs. 8 mos. 5 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Retired Farmer
 (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) Jackson Co Tenn

10 NAME OF FATHER Andrew Hat

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Myram Ballham

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] M W Hat

[Address] Ganesboro Tenn R 7 B

15 Filed Nov 1 1924 J. B. Billings Registrar
Ganesboro Tenn R 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28 1924
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from on Oct 28 1924 to Death 1924, that I last saw him live on Oct 28 1924 and that death occurred, on the date stated above, at 10 P M
 The CAUSE OF DEATH* was as follows: Heart Failure

about 14 hours
 [Duration] yrs. mos. ds.

Contributory [SECONDARY] _____

Signed N M McLoon M. D.
Oct 1 1924 Address Ganesboro Tenn R 3

* 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 Hat Cemetery DATE OF BURIAL Oct 29 1924

20 UNDERTAKER J B Birdwell ADDRESS Ganesboro Tenn R 4 3