

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 13-
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44413
 Primary Registration District No. 13

22388

File No. 124

Registered No. 124

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

2 FULL NAME Thomas Franklin Butler

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 16 1861
 (Month) (Day) (Year)
 7 AGE 66 yrs. 6 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer - 000
 (b) General nature of industry, business, or establishment in which employed (or employer) L
 9 BIRTHPLACE (State or country) Tenn.

PARENTS
 10 NAME OF FATHER Sumner Granville Smith Butler
 11 BIRTHPLACE OF FATHER (State or country) Tenn.
 12 MAIDEN NAME OF MOTHER Nancy Bennett Hawkins
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs. G. W. Bindee
 [Address] Whitesville Tenn.

15 Filed Oct-21 1927 J. D. Deuel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 21 1927
 [Month] [Day] [Year]
 17 I HEREBY CERTIFY, That I attended deceased from Oct 4 1927 to Oct 21 1927, that I last saw him alive on Oct 21 1927 and that death occurred, on the date stated above, at 12:5 P.M.
 The CAUSE OF DEATH* was as follows: 124
Examina from Pyuria - infected Gall Bladder and Prostatos [Duration] _____ yrs. _____ mos. _____ ds.
 Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.
 Signed J. D. Deuel M. D.
Oct-21 1927 Address J. D. Deuel

* 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 66 yrs. 6 mos. 3 ds. In the State 66 yrs. 6 mos. 3 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Butler County DATE OF BURIAL Oct 22 1927
 20 UNDERTAKER Draper + Draper ADDRESS Genevieve 2