

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

24746

1 PLACE OF DEATH

County JacksonCivil Dis. 10thor
VillageRegistration District No. 442City CookvillePrimary Registration District No. 19 St.: _____ Ward)File No. 8Reg. No. 8

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

2 FULL NAME

John Clinton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, or Married6 DATE OF BIRTH June 7, 1 1849
(Month) (Day) (Year)7 AGE about 80 yrs. 3 mos. 24 ds. If LESS than 1 day, --- hrs. or --- min.?8 OCCUPATION (a) Trade profession or particular kind of work Farming 000 (b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tn10 NAME OF FATHER Sam Clinton11 BIRTHPLACE OF FATHER (State or country) Tn12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geord Knight(Address) City R 9

15

Filed Oct 8, 1928A. M. Ballard
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 1 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attend deceased from Sept 29 1928, to Sept 30, 1928, that I last saw him live on Sept 30, 1928 and that death occurred, on the date stated above, at 114 M

The CAUSE OF DEATH* was as follows:

Colitis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary)

(Duration) _____ yrs. _____ mos. _____ ds.

Signed Lex Dyer, M. D.
19____ address _____

*State the Disease Causing Death, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal State whether or not an operation was performed.

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

Massons Lane yard 11/2 1928

20 UNDERTAKER

ADDRESS

Jew Whitson Co City

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.