

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

29744

CERTIFICATE OF DEATH

Registration District No. 44413
 Primary Registration District No. 13

File No. 138
 Registered No. 138

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

2 FULL NAME

John Pelham Stone

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 22 1892
 (Month) (Day) (Year)

7 AGE 37 yrs. 3 mos. 16 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Engineer 64
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Jasper Stone

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Mary Jane Lumber

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Jasper Stone
 [Address] Whitelyville

15 File No. Nov 9 29 Registrar J. D. Lumber

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 8 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 6 1929 to Nov 8 1929, that I last saw him live on Nov 8 1929 and that death occurred, on the date stated above, at 4:15 P.M.
 The CAUSE OF DEATH* was as follows: Pneumonia

[Duration] _____ yrs. _____ mos. _____ ds.
 Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed J. D. Lumber M. D.
Nov 9 1929 Address Whitelyville

* 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 37 yrs. 3 mos. 16 ds. In the 37 yrs. 3 mos. 16 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Johnson County DATE OF BURIAL Nov 9 1929

20 UNDERTAKER Dropert & Dropert ADDRESS Summit