

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 Putnam

Civil Dist. 6th

or Village Brookston

or City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47200

File No. _____

Primary Registration District No. _____

Registered No. 3

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

2 FULL NAME William H. Cooper

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH _____ (Month) _____ (Day) 1890 (Year)

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

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

9 BIRTHPLACE (State or country) Putnam Co.

10 NAME OF FATHER Thomas Cooper

11 BIRTHPLACE OF FATHER (State or country) Putnam Co. Tenn.

12 MAIDEN NAME OF MOTHER Catherine Rogers

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. V. Cooper

(Address) Brookston, Tenn.

15 Filed March 22, 1914 J. W. Sells REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 20, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1914, to _____, 191____, that I last saw him alive on Mar. 16, 1914, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH * was as follows: Myocardial Regurgitation

90
2nd attack (Duration) _____ yrs. _____ mos. 10 ds.

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

(Signed) J. T. Moore, M. D. Mar. 20, 1914 (Address) Ugval, Tenn.

*State the DISEASE CAUSING DEATH, or, if 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 84 yrs. _____ mos. _____ ds. In the State 84 yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____ Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Brookston, Tenn. DATE OF BURIAL March 21, 1914

20 UNDERTAKER Wm. V. Cooper ADDRESS Brookston