

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. 12

or
Village

or
City

Registration District No. 124

Primary Registration District No. 724

(No. , St.; Ward)

File No. _____

Registered No. _____

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

2 FULL NAME Richard Alcorn

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

149
153

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 Sept. 14, 1836
(Month) (Day) (Year)

7 AGE 77 yrs. 11 mos. 5 ds. If LESS than 1 day, 5 hrs. or 50 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) 10 yrs.

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER James Alcorn

11 BIRTHPLACE OF FATHER (State of country) North Carolina

12 MAIDEN NAME OF MOTHER Orilly Blackburn

13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filed Aug 2, 1914 B. H. Platt
REGISTRAR

Form V.S. No. 4—100M.

FOSTER & PARKES CO., NASHVILLE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 21, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1914, to Aug. 21, 1914, that I last saw him alive on Aug. 21, 1914, and that death occurred, on the date stated above, at 6:00 a.m.

The CAUSE OF DEATH* was as follows:
Valvular Heart Disease

(Duration) 7 yrs. _____ mos. _____ ds.

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

(Signed) Samuel Denton, M. D.
Aug. 1914 (Address) Buffalo Valley

*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 Maslow Park DATE OF BURIAL 22, 1914

20 UNDERTAKER _____ ADDRESS _____