

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		STATE OF TENNESSEE	
County <u>Cook</u>		STATE BOARD OF HEALTH	
Civil Dist. <u>Central</u>		Bureau of Vital Statistics	
or Village <u>R.F.D. #2</u>		CERTIFICATE OF DEATH	
City <u>Cookville Tenn.</u> (No. _____) St.; _____ Ward) _____		Registration District No. <u>41201</u>	File No. <u>313</u>
2 FULL NAME <u>John R. Terry</u>		Primary Registration District No. <u>7th</u>	Registered No. <u>9</u>
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widower</u>	16 DATE OF DEATH <u>4</u> <u>5th</u> <u>6</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>Jan. 5th</u> <u>1843</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>2/14</u> 1916, to <u>4/14</u> 1916, (that I last saw him alive on <u>14 April</u> , 1916, and that death occurred, on the date stated above, at <u>5 a.m.</u>	
7 AGE <u>73</u> yrs. <u>3</u> mos. <u>10</u> ds.	If LESS than 1 day, .... hrs. or .... min.?		The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage causing Hemiplegia</u>
8 OCCUPATION <u>Farmer</u>		(Duration) .... yrs. .... mos. .... ds.	
9 BIRTHPLACE (State or country) <u>Jackson County Tenn.</u>		Contributory <u>to Phlebotomy</u> (SECONDARY) (Duration) <u>2</u> yrs. .... mos. .... ds.	
10 NAME OF FATHER <u>Eddie Terry</u>		(Signed) <u>W. J. Starmer</u> M. D. <u>Apr 16, 1916</u> (Address) <u>Cookville</u>	
11 BIRTHPLACE OF FATHER (State or country) <u>North Carolina</u>		*State the DISEASE CAUSING DEATH; or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
12 MAIDEN NAME OF MOTHER <u>Metty Jackson</u>		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>73</u> yrs. <u>3</u> mos. <u>13</u> ds. In the <u>69</u> yrs. .... mos. .... ds. Where was disease contracted, if not at place of death? Former or usual residence _____	
13 BIRTHPLACE OF MOTHER (State or country) <u>North Carolina</u>		19 PLACE OF BURIAL OR REMOVAL <u>Stewart Cemetery</u> DATE OF BURIAL <u>4/16</u> 1916	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John R. Terry</u> (Address) <u>Cookville Tenn. R#2</u>		20 UNDERTAKER _____ ADDRESS _____	
15 Filed <u>4/16</u> 1916 <u>C. H. Dowell</u> REGISTRAR			