

MARGIN RESERVED FOR BINDING

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 Putnam  
 Civil Dist. 14<sup>th</sup>  
 OR  
 Village Monterey Tenn  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 4 1214  
 Primary Registration District No. 14

File No. 164

Registered No. 1  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Isaac Ford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 (Write the word)

6 DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7 AGE 78 yrs. 2 mos. 8 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Lebanon Tenn

10 NAME OF FATHER James Ford

11 BIRTHPLACE OF FATHER (State or country) Lebanon Tenn

12 MAIDEN NAME OF MOTHER Nancy Ford

13 BIRTHPLACE OF MOTHER (State or country) Monterey Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] W B Ray  
 [Address] Monterey Tenn

15 Filed 4-3 1922 Sallie M Ray  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb - 21 1922  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Feb 16 1922 to Feb 21 1922 that I last saw him alive on Feb 21 1922 and that death occurred, on the date stated above, at 12 M

The CAUSE OF DEATH\* was as follows: 101a  
Pneumonia  
Lobar [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 6 ds.

Signed W B Ray M. D.  
Apr 3 1922 Address Monterey Tenn

\*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 HOSPITAL 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 Lebanon Tenn DATE OF BURIAL Feb 22 1922

20 UNDERTAKER F W Welch ADDRESS Monterey