

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. # 18
 OR
 Village _____
 OR
 City _____ (No. _____ St. _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47218

Primary Registration District No. _____

File No. 78

Registered No. 2

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

2 FULL NAME Henry George Spurlock

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 11 29 1866
 (Month) (Day) (Year)

7 AGE 55 yrs. 3 mos. 26 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) Jackson, Mo

10 NAME OF FATHER Russell Spurlock

11 BIRTHPLACE OF FATHER (State or country) Jackson, Mo

12 MAIDEN NAME OF MOTHER Louise Carter

13 BIRTHPLACE OF MOTHER (State or country) Jackson, Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Walter Spurlock (Address) Springfield, Va.

15 Filed 3-24 1922 W. R. McBRIDE REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 24 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 28 1922 to Mar 24 1922 that I last saw him alive on Mar 24 1922 and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:
Long abscess of Right Lung caused by Mycobacterium tuberculosis. Duration 12 yrs. 31 ds.

Contributory (SECONDARY) had Flu Dec-1921 measles (Duration) yrs. 3 mos. ds.

Signed J. D. Allison M. D. Mar 24 1922 Bloomington Mo

* 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 To Jackson Mo Tum DATE OF BURIAL 3-25 1922
 20 UNDERTAKER ADDRESS