

1 PLACE OF DEATH

County PitmanCivil Dist. 19Village Algood

City _____

Registration District No. 726Primary Registration District No. 47219

(No. _____ St.; _____ Ward)

File No. 79

Registered No. _____

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

2 FULL NAME Greene L. Russell

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 mar 5, 1841
(Month) (Day) (Year)7 AGE 73 yrs. 20 mos. 20 ds. If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer 000
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Alvah Russell11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Aga Howell13 BIRTHPLACE OF MOTHER (State or country) Texas

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Bennett(Address) Algood Tenn15 Filed Mar 27 1922 M. A. L. Swallow

REGISTRAR

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH mar 25, 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from March 23 1922, to March 25, 1922, that I last saw him alive on March 25, 1922, and that death occurred, on the date stated above, at 2 P.m.The CAUSE OF DEATH* was as follows: Influenza(Duration) ____ yrs. ____ mos. 7 ds.Contributory Broncho Pneumonia
(SECONDARY)(Duration) ____ yrs. ____ mos. 5 ds.(Signed) J. A. Bennett, M. D.Mar 25 1922 (Address) Algood 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 (OR 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 Algood TennDATE OF BURIAL 3-27 192220 UNDERTAKER Hop & PoindexterADDRESS Algood TennMARGIN 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.