

MARGIN RESERVED FOR BINDING

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. 1st.
 OR
 Village _____
 OR
 City Cookeville, Tenn. (No. 610 Walnut, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

File No. 95
 Registered No. 14
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William A. Crawford

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 March, 16th, 1849
 (Month) (Day) (Year)
 7 AGE 73 yrs. 1, mos. 8, 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) Farming.
 9 BIRTHPLACE (State or country) Jackson, Co. Tennessee.

PARENTS

10 NAME OF FATHER Sam Crawford
 11 BIRTHPLACE OF FATHER (State or country) Centersville, Tenn.
 12 MAIDEN NAME OF MOTHER Catherine Crawford
 13 BIRTHPLACE OF MOTHER (State or country) Jackson County, Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Sam Crawford
 [Address] Cookeville, Tenn.

15
 File No. 2245 By
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April, 24th, 1922. 191 [Month] [Day] [Year]
 17 I HEREBY CERTIFY, That I attended deceased from _____ 191 to _____ 191 that I last saw him alive on _____ 191 and that death occurred, on the date stated above, at 1:15 PM
 The CAUSE OF DEATH* was as follows:
Urinary Cancer, Bladder
 [Duration] 1 yrs. _____ mos. _____ ds.
 Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.
 Signed W. A. Howard M. D.
 _____ 191 Address Cookeville

* 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 Cookeville, Tenn. DATE OF BURIAL _____
 20 UNDERTAKER Whitson HDWP CO. ADDRESS COOKEVILLE, TENN.