

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 in plain terms, so that it may be properly classified. STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Putnam

Civil Dist. 1st

OR Village Howard Hospital

OR City Coopersville Tenn

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 221

Primary Registration District No. 27201

File No. 98

Registered No. 98

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

2 FULL NAME John Wheeler

PERSONAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIAGE STATUS Married

6 DATE OF BIRTH May 9 1898

7 AGE 24 yrs. 21 mos. 1 da. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Farmer

9 BIRTHPLACE (State or country)

10 NAME OF FATHER Leroy Wheeler

11 BIRTHPLACE OF FATHER [State or country] Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Othley Mace

[Address] Coopersville Tenn

15 Filed 5/10 1912 Bl. 22 Registrar Ley

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 30 1912

17 I HEREBY CERTIFY, That I attended deceased from April 10 1912 to April 30 1912 that I last saw him alive on April 30 1912 and that death occurred, on the date stated above, at M

The CAUSE OF DEATH was as follows:
Lobar Pneumonia
Ch. Bronchitis

Contributory [SECONDARY] S. B. Huggins M. D.
 Signed May 11 1912 Address Coopersville 10

* 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. da. In the State yrs. mos. da.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Bloomington Spring R # 1 DATE OF BURIAL May 7 1912

20 UNDERTAKER Jared Johnson ADDRESS Coopersville