

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

File No. 152

Primary Registration District No. _____

Registered No. 5

2 FULL NAME Will Rob. Patton

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 25 1921
(Month) (Day) (Year)

7 AGE 21 yrs. 26 mos. 26 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Farming
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Putnam County

10 NAME OF FATHER Whit Patton

11 BIRTHPLACE OF FATHER (State or country) Putnam County

12 MAIDEN NAME OF MOTHER Maggie Mathis

13 BIRTHPLACE OF MOTHER (State or country) Putnam County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Whit Patton
[Address] Bloomington, Tenn.

15 Filed Jan 4 1922 at W. R. W. B. Broom
REGISTERER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 20 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Mar 8 1922 to Sept 20 1922, that I last saw him alive on Sept 20 1922 and that death occurred, on the date stated above, at 10 M

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis
[Duration] 5 yrs. 5 mos. 5 ds.

Contributory (SECONDARY) Alcohol
[Duration] _____ yrs. _____ mos. _____ ds.

Signed J. W. Allison M.D.
Sept 4 1922 Address Bloomington

* 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 _____ DATE OF BURIAL _____

20 UNDERTAKER _____ ADDRESS _____