

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. 15
 or Village _____
 or City Algood (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

File No. 161
9
 Registered No. _____

2 FULL NAME J. B. Johnson

[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 Nov. 13, 1919
 (Month) (Day) (Year)
 7 AGE 2 yrs. 11 mos. 10 ds.
 If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
 (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) Tenn

PARENTS
 10 NAME OF FATHER Samuel Johnson
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Flora Fox
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. L. M. Johnson
 (Address) Algood

15 Filed Oct 22, 1922 Mrs. M. L. Swallow
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 22, 1922
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1922 to Oct 22, 1922, that I last saw him alive on Oct. 22, 1922 and that death occurred, on the date stated above, at 7.5 p. m.

The CAUSE OF DEATH* was as follows:
Laryngeal Diphtheria
 (Duration) ____ yrs. ____ mos. 7 ds.

Contributory (secondary) _____
 (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) J. J. Moore, M. D.
Oct 20, 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 (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 Jackson Co DATE OF BURIAL Oct 22, 1922
 20 UNDERTAKER _____ ADDRESS _____