

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 Bloomington, Tenn. (No. R. 11)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 47218

File No. 182

Primary Registration District No. _____

Registered No. 7

2 FULL NAME Goodall Goolsby.

[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, WIDWED, OR DIVORCED** married
(Write the word)

6 DATE OF BIRTH July 27, 1850
(Month) (Day) (Year)

7 AGE 72 yrs. 4 mos. 20 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) _____

9 BIRTHPLACE (State or country) Putnam Co.

10 NAME OF FATHER Jim Goolsby

11 BIRTHPLACE OF FATHER (State or country) U. S. A.

12 MAIDEN NAME OF MOTHER Eleziabeth Pippin

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) L. W. Goolsby
 Address: Bloomington, Tenn.

15 Filed Jan. 7, 1923 W. R. McBRIDE
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 17, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from December 15, 1922, to Dec. 17, 1922, that I last saw him alive on Dec. 17, 1922, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH* was as follows:
Chronic interstitial Nephritis
 (Duration) 4 yrs. 70 da.

Contributory Lobar pneumonia
(SECONDARY) (Duration) 3 ds.
 (Signed) J. Mac Wheeler, M. D.
Jan. 12, 1923 (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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Goolsby Cemetery **DATE OF BURIAL** 12-18-1922

20 UNDERTAKER W. G. + W. T. Anderson **ADDRESS** Box 100