

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

1520

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Putnam
Civil Dist. 7th
OR
Village _____
OR
City Douglas Springs (No. _____ St.; _____ Ward)

Registration District No. 47207
Primary Registration District No. 7

File No. 16
Registered No. _____

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

2 FULL NAME Esquire Looney Thompson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 26 1840
(Month) (Day) (Year)

7 AGE 87 yrs. 7 mos. 26 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. Not any
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Looney Thompson

11 BIRTHPLACE OF FATHER [State or country] North Carolina

12 MAIDEN NAME OF MOTHER Anna Davis

13 BIRTHPLACE OF MOTHER [State or country] North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] M. J. Jenigan
[Address] Douglas Springs

15 Filed Jan 24 1927 Ans Jenigan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 21 1927
(Month) [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____, that I last saw h..... alive on _____, 191____

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
unknown
no doctor attending

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____

[Duration] _____ yrs. _____ mos. _____ ds.

Signed _____ M. D.

* 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 Smellege Cemetery DATE OF BURIAL Jan 29 1927

20 UNDERTAKER Whitson ADDRESS Cookville Tenn

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.