

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			STATE OF TENNESSEE		
County <u>Putnam</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>1</u>			CERTIFICATE OF DEATH		
OR Village			Registration District No. <u>721</u>		
OR City <u>Coolsville</u> (No. <u>11</u> , # <u>41</u>)			Primary Registration District No. <u>41201</u>		
2 FULL NAME <u>Thomas Jefferson Stockton</u>			File No. <u>2727</u>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>M.</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, DIVORCED <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Jan 15 1929</u> [Month] [Day] [Year]		
6 DATE OF BIRTH			17 I HEREBY CERTIFY, That I attended deceased from <u>Jan. 3 1929</u> to <u>Jan 15 1929</u> that I last saw him alive on <u>Jan 14 1929</u> and that death occurred, on the date stated above, at <u>5 A M</u>		
7 AGE <u>abt 78</u> yrs. mos. ds.			The CAUSE OF DEATH* was as follows: <u>Influenza</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer - 000</u> (b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] yrs. mos. ds.		
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Contributory (SECONDARY) <u>Diphtheria-Pneumonia</u> [Duration] yrs. mos. ds.		
10 NAME OF FATHER <u>Joe Stockton</u>			Signed <u>J. J. Moore</u> M. D. <u>Jan 15 1929</u> Address <u>Algood</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>			* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL; state whether or not an operation was performed.		
12 MAIDEN NAME OF MOTHER <u>Don't know</u>			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.		
13 BIRTHPLACE OF MOTHER (State or country) <u>'' ''</u>			19 PLACE OF BURIAL OR REMOVAL <u>Paroy Cemetery</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>J. L. Stockton</u> [Address] <u>Coolville R # 41</u>			DATE OF BURIAL <u>1/16 1929</u>		
15 Filed <u>Feb 11 1929</u> <u>Thelma Moore</u> REGISTRAR			20 UNDERTAKER <u>Lawson & Co</u> City <u>Putnam</u>		