

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 2.—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 PutnamCivil Dist. # 18OR
VillageOR
CityRegistration District No. 47218

Primary Registration District No.

(No. , St. , Ward)

2 FULL NAME William J. Poston

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

2756

File No.

Registered No. 1

[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, WIDDED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH
(Month) (Day) (Year)7 AGE 72 yrs. mos. ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer 000
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Dont no11 BIRTHPLACE OF FATHER [State or country] Tennessee12 MAIDEN NAME OF MOTHER Dont no13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] W. M. Skimehorn[Address] Bloomington Spgs Tenn15 Filed Jan 16 1929 W. R. McBRIDE

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: January 15 1929
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from 1929, to 1929,that I last saw h..... alive on 1929and that death occurred, on the date stated above, at 4 A MThe CAUSE OF DEATH* was as follows: 2056no Doctor in charge
W. R. McBRIDE

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed..... M. D.

..... 19..... Address.....

* 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

Removal to Jackson Co January 16 1929

20 UNDERTAKER

ADDRESS

W. M. Skimehorn Bloomington Spgs