

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.

1 PLACE OF DEATH
 County Putnam
 Civil Dist. 2
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 1583
 Registration District No. 47202
 Primary Registration District No. _____
 File No. 8
 Registered No. 8
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Pinkston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE W 5 SINGLE married
WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH June 22, 1919
(Month) (Day) (Year)

7 AGE 76
hrs. 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) Tenn

PARENTS

10 NAME OF FATHER Hugh Pinkston

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Mattie Key

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Cecil Pinkston
 (Address) Cookville Tenn.

15 Filed July 8, 1929
J. W. P.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 21, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20 1929, to June 22, 1929 that I last saw him alive on June 23 1929 and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia 756

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) D. P. G. Dyer M. D.
July 8, 1929 (Address) Cookville

*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 Walker Cemetery DATE OF BURIAL June 23 1929

20 UNDERTAKER James Durning ADDRESS Cookville