

WITH UNFADING INK—THIS IS A PERMANENT RECORD

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>Critnam</u>	STATE BOARD OF HEALTH	Bureau of Vital Statistics
Civil Dist.	<u>14</u>	CERTIFICATE OF DEATH	25278
OR		Registration District No.	<u>47214</u>
Village		Primary Registration District No.	<u>14</u>
OR			
City		(No. _____ St.; _____ Ward)	File No. _____
2 FULL NAME		<u>John F. Schon</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH
<u>M</u>	<u>White</u>	<u>Widow.</u>	<u>Oct - 11 1929</u> [Month] [Day] [Year]
6 DATE OF BIRTH	7 AGE		17 I HEREBY CERTIFY That I attended deceased from
<u>Dec - 26 1845</u> (Month) (Day) (Year)	<u>84</u> yrs. <u>8</u> mos. <u>4</u> ds.	If LESS than 1 day.....hrs. or.....min.?	<u>Aug 1 1929</u> to <u>Oct 11 1929</u> that I last saw him alive on <u>Oct 11 1929</u> and that death occurred, on the date stated above, at <u>4 5</u> P. M.
8 OCCUPATION	9 BIRTHPLACE		The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	<u>Tenn.</u>		<u>Myocarditis</u> <u>90</u>
10 NAME OF FATHER	11 BIRTHPLACE OF FATHER		[Duration] yrs. <u>4</u> mos. ds.
<u>William G. Schon</u>	<u>Oriston, Critnam.</u>		Contributory [SECONDARY] <u>age</u> [Duration] yrs. mos. ds.
12 MAIDEN NAME OF MOTHER	13 BIRTHPLACE OF MOTHER		Signed <u>W. C. Officer</u> M. B. <u>Oct 14 1929</u> Address <u>Monterey, Tenn.</u>
<u>Barthony Clark</u>	<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.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]	
[Informant] <u>M. B. Schon</u>	At place of death <u>36</u> yrs. mos. ds. In the State <u>48</u> yrs. mos. ds.		Where was disease contracted, if not at place of death? <u>Local</u>
[Address] <u>Monterey, Tenn.</u>	Former or usual residence <u>Critnam County</u>		19 PLACE OF BURIAL OR REMOVAL
15	20 UNDERTAKER		DATE OF BURIAL
Filed <u>Oct. 13 1929</u>	<u>Mrs. A. C. Killebrew</u>	<u>Monterey</u>	<u>Oct. 13 1929</u>
	REGISTRAR		CITY