

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 Dis. 1st
 or
 Village _____
 or
 City Coakville (No. City Hosp St.; _____ Ward)
 2 FULL NAME Henderson Lee Thomas

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

30416

File No. _____

Reg. No. 64

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 Single, Married, Widowed, or Divorced (Write the word) Married
 6 DATE OF BIRTH _____ 1 _____ Year
 (Month) (Day)

7 AGE About 36 yrs. mos. da. If LESS than 1 day, --- hrs. or --- min.?

8 OCCUPATION (a) Trade profession or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Crash Thomas

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Miller Thomas

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lee Thomas

(Address) Bellevue Point R. 2.

15 Filed Jan 10 1930 Thelma Moore Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 28 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from Dec 26 1929, to Dec 28, 1929, that I last saw him alive on Dec 28, 1929 and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows: 183
accidental shot gun wound
right hip. Extreme shock
from hemorrhage & gangrene
 (Duration) _____ yrs. mos. 2 ds.

Contributory _____ (Secondary) (Duration) _____ yrs. mos. da.

Signed J. T. Moore M. D. Dec 28, 1929 address Belgood Tenn

*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.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions Transients, or Recent Residents) At place of death _____ yrs. mos. da. In the State _____ yrs. mos. da. Where was disease contracted, if not at place of death Former or usual residence Bellevue Point R. 2.

19 PLACE OF BURIAL OR REMOVAL Godd Home yard DATE OF BURIAL 12/29 1929

20 UNDERTAKER Jenn Whitson & Co ADDRESS City