

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

2218

1 PLACE OF DEATH
County White
Civil Dist. B
OR
Village Doyle
OR
City _____

Registration District No. 943
Primary Registration District No. _____

File No. 6
Registered No. 6

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

2 FULL NAME Washington Heard Myers St.; Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____
6 DATE OF BIRTH _____ 1 (Year) _____
7 AGE about 3 yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Washington H Myers
11 BIRTHPLACE OF FATHER (State or country) Tennessee
12 MAIDEN NAME OF MOTHER Florida Todd
13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Sam Myers
[Address] Doyle Tenn

15 Filed Jan 24 1917 Mrs J B Spaw
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 17 1917
[Month] [Day] [Year]

17 I HEREBY CERTIFY That I attended deceased from Jan 17 1917
Saw the child only once that I last saw him alive on Jan 16 1917
and that death occurred, on the date stated above, at 9 P M
The CAUSE OF DEATH was as follows:

Bilateral Lobar Pneumonia

This child was treated by some other physician (Duration) not know yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
Signed Edgar C Hawks M. D.
Address Sparta, Tenn

* 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 Greenwood Cemetery DATE OF BURIAL 1/18 1917

20 UNDERTAKER A B Hunter ADDRESS Sparta

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.