

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 White

Civil Dist. 10

OR
Village Greentree

OR
City _____ (No. _____ St.; _____ Ward)

2 FULL NAME Thos Johnson

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

2221

CERTIFICATE OF DEATH

Registration District No. 943

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.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH mech 22 1870
(Month) (Day) (Year)

7 AGE 56 yrs. 9 mos. 13 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION on farm
(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 Wm Johnson

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Jane Parks

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] William Johnson

[Address] Greentree Tenn

15 Filed Jan 13 1927 Mrs. J. B. Spurgeon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 6 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 1926 to Jan 1927, (that I last saw him alive on _____, 191____ and that death occurred, on the date stated above, at 2:30 AM

The CAUSE OF DEATH* was as follows:
Organic Heart disease
mitral regurgitation with
pulmonary compensation
(Duration) _____ yrs. _____ mos. _____ ds.

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

Signed E. Blelock M. D. Address Bon Air 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 Greentree Cemetery DATE OF BURIAL 1/7 1926

20 UNDERTAKER H. B. Hunter ADDRESS Park