

## 1 PLACE OF DEATH

County Campbell  
 Civil Dist. 3  
 or  
 Village Wagner  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

535

## CERTIFICATE OF DEATH

Registration District No. 40702  
 Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 37

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

2 FULL NAME Thomas Patton

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 MARRIAGE, MARRIED, UNMARRIED, OR DIVORCED (Write the word) widowed

6 DATE OF BIRTH August 7, 1843  
 (Month) (Day) (Year)

7 AGE 77 yrs. mos. ds. 77 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) DO

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Wm. Patton

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MARRIAGE NAME OF MOTHER Polly Beale

13 BIRTHPLACE OF MOTHER (State or country) Tenn

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

(Address) Wagner, Tenn

15 Wagner, Tenn 1924 October

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 25, 1924  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1924 to Dec 19, 1924 that I last saw him alive on Dec 19, 1924 and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH\* was as follows:  
Accidental Burns  
Supper on the fire  
Kitchen (accident) from lamp  
was also duration 3 yrs. mos. ds.  
 Contributory None  
 (Duration) yrs. mos. ds. 6

(Signed) Wm. Patton M. D.  
115 (Address) Campbell

\*Base the DEGREE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Manner of Injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSDITS, OR RECENT RESIDENCE)  
 At place of death, yrs. mos. ds. In the State, yrs. mos. ds.  
 Where was disease contracted, if not at place of death?  
 Form of usual residence:

19 PLACE OF BURIAL OR REMOVAL Wagner DATE OF BURIAL Dec 26, 1924

20 UNDERTAKER Wagner ADDRESS \_\_\_\_\_

STATE PLANNED, WITH UNIFORMS. THIS IS A PERMANENT RECORD

M. D. - This form is to be filled out by a physician or other qualified person. It is not to be filled out by a layman. It is not to be filled out by a layman. It is not to be filled out by a layman.