

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

421

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County RitsonCivil Dist. First

Village \_\_\_\_\_

City Cookeville (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 721Primary Registration District No. 47201

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

Registered No. 19

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

2 FULL NAME Will Breeding

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Single

6 DATE OF BIRTH

(Month)

(Day)

(Year)

7 AGE

About 208 LESS than  
1 day, .... hrs.  
or .... min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

10 BIRTHPLACE

(State or country)

Tennessee

10 NAME OF FATHER

Reubin Breeding

11 BIRTHPLACE OF FATHER

(State or country)

Tennessee

12 MAIDEN NAME OF MOTHER

Ann Mills

13 BIRTHPLACE OF MOTHER

(State or country)

Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. L. Shipley

(Address)

Cookeville, Tenn.

15

Filed May 11 1917Max Dyer

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Apr  
(Month)23, 1917  
(Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Mar 10 1917, to April 23 1917,that I last saw him alive on April 23, 1917,and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH\* was as follows:

Typhoid Fever 10

Contributory

(Accident)

(Duration) ..... yrs. .... mos. .... ds.

(Signed)

J. L. Shipley

M. D.

1917 (Address) Cookeville

\*State the DISEASE CAUSING DEATH, or, in death 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

Cookeville Cemetery

DATE OF BURIAL

Apr 24, 1917

20 UNDERTAKER

Jeremiah W. White

ADDRESS

Cookeville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully reported. 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.