STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County: Of White

Civil Dist.: 7

or Village:

or City: (No. ; St.; Ward)

Registration District No.: 49407

Primary Registration District No.:

File No.:

Registered No.:

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

2 FULL NAME: William Harding Carter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 WHETHER MARRIED, WIDOWED, OR DIVORCED (write word): married

6 DATE OF BIRTH: November (Month) 6th (Day), 1854 (Year)

7 AGE: 60 yrs. 3 mos. 13 ds.

If less than 1 day, ... hours or minutes

8 OCCUPATION
(a) Trade, profession, or particular kind of work: retired Farmer
(b) General nature of industry, business, or establishment in which engaged (or employed): North Carolina

9 BIRTHPLACE (State or country): North Carolina

PARENTS

10 NAME OF FATHER: William Carter

11 BIRTHPLACE OF FATHER (State or country): North Carolina

12 MAIDEN NAME OF MOTHER: Nancy Brewington

13 BIRTHPLACE OF MOTHER (State or country): North Carolina

14 I HEREBY CERTIFY, THAT THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant: James Carter

Address: Cadiscillo R.R. 2

15 Date: Feb. 20, 1914 T. C. Howell (Signature)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: February (Month) 18th (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..., 191..., to ..., 191..., that I last saw him alive on ..., 191..., and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

No funeral was in charge at time of death. Supposed to be Dropsy

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

Contributory (Secondary)

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

Signed: ..., M. D.

191... (Address)

*Give the Disease Causing Death, or in deaths from Violent Causes, state (1) Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

18 LENGTH OF RESIDENCE (FOR HOSPITAL, INSTITUTION, TRANSIENT, OR RECENT RESIDENT)

At place of death: ... yrs. ... mos. ... ds.

In this State: ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or recent residence:

19 PLACE OF BURIAL OR REMOVAL: Howard Cemetery

DATE OF BURIAL: Feb. 19, 1914

20 UNDERTAKER: Gray & Wilson

ADDRESS: Lewisburg Tenn.

N. B. Section 4 of Chapter 100 of Public Acts of 1915 provides that: "Any person who shall make any false statement in any certificate required to be made under this act, shall be guilty of a misdemeanor, and upon conviction shall be punished by a fine of not less than ten nor more than fifty dollars."

Form No. 8 (Revised) 1914