

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

32

1 PLACE OF DEATH

County RutherfordDist. First

Village _____

City Cookeville (No. _____ St. _____ Ward _____)Registration District No. 221Primary Registration District No. 47201

File No. _____

Registered No. 2

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

2 FULL NAME

Joseph Allison Ellis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIED, WIDOWED, OR DIVORCED Married
(write the name)6 DATE OF BIRTH Jan 17, 1864
(Month) (Day) (Year)7 AGE 58 yrs. 11 mos. 29 ds. 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) Farmer9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Lige Ellis11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Peggy Jane McCall13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Gentry(Address) Cookeville, Tenn.15 Filed Jan 19, 1919 Lex. Dyer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 11, 1919
(Month) (Day) (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:
Empyema of + Pneumonia
presumably

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

Contributory (necessary) (Duration)..... yrs. mos. ds.

(Signed) J. P. Stone & Lex Dyer, M. D.
191____ (Address) Cookeville

*State the Disease Caused Death, or, its death from Violent Causes, state its Nature or Injury; and (2) whether Accidental, Natural, 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 Harris' Grove, Tenn. DATE OF BURIAL Jan 19, 191920 UNDERTAKER Walter Gentry ADDRESS Cookeville

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. Enter statement of OCCUPATION if very important. See instructions on back of certificate.