

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 Putnam  
 Civil Dist. rd 1  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

82  
 80  
 File No. \_\_\_\_\_  
 Registered No. 23  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration District No. + 721  
 Primary Registration District No. # 7201

2 FULL NAME John Harris

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 February 20, 1928  
(Month) (Day) (Year)

7 AGE 8.6 yrs. 1 mos. 14 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work. Framer 000  
 (b) General nature of industry, business, or establishment in which employed (or employer). X

9 BIRTHPLACE (State or country) Putnam Co. Tenn.

PARENTS

10 NAME OF FATHER Joseph Harris

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Maggie Mills

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Joseph Randolph  
 (Address) Cookville Tenn.

15 John  
 Filed Feb 18, 1914 Ray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April 14, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1914, to April 6, 1914, that I last saw him alive on April 7, 1914, and that death occurred, on the date stated above, at 4 P.M.  
 The CAUSE OF DEATH \* was as follows:  
Dropsy of Heart  
 (Duration) 1 yrs. 3 mos. 3 ds.

Contributory \_\_\_\_\_ (specify)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. S. Trapp, M. D.  
April 5, 1914 (Address) Sparks, Tenn.

\*State the DISEASE CAUSING DEATH, or, in deaths from VENUEY CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SCISSORS, 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 Love Lodge, Put. Co. DATE OF BURIAL Feb 18, 1914

20 UNDERTAKER Whitson ADDRESS Cookville