

MARGIN RESERVED FOR BONDING

1. If the decedent was a resident of this State at the time of death, the certificate shall be filed in the county of residence. If the decedent was not a resident of this State at the time of death, the certificate shall be filed in the county of the last residence in this State. If the decedent was not a resident of this State at the time of death and had no residence in this State, the certificate shall be filed in the county of the place of death.

PLACE OF DEATH _____

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

County Franklin Registration District No. _____
 DIST. NO. 701 Primary Registration District No. _____ Registered No. _____
 City or Village of Manchester, Tenn. State Tenn. Ward _____

2 FULL NAME John Hubert Harris

26290

318 Death occurred in Hospital or Institution, or in HOME (unless of 26290 & 26291)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE Caucasian 5 MARRIAGE STATUS Married

6 DATE OF BIRTH 11/20/1883

7 AGE 24

8 OCCUPATION Nothing

9 PLACE OF BIRTH 1120 Jackson Co. Tenn.

10 NAME OF FATHER John Harris

11 CHRISTIAN NAME OF FATHER John Harris

12 MOTHER'S NAME OF MOTHER Samuel Gibson

13 CHRISTIAN NAME OF MOTHER Samuel Gibson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Signature _____

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH 11/1/1908

11 I HEREBY CERTIFY, That I attended deceased from Aug 1908 to 10/20 1908, that last saw her alive on Oct 20 1908, and that death occurred, on the date stated above, at 10 o'clock.

12 CAUSE OF DEATH Branchitis

13 CONTRIBUTORY CAUSE None was attending

14 LENGTH OF RESIDENCE 1120 Jackson Co. Tenn.

15 PLACE OF BIRTH OR REMOVAL 1120 Jackson Co. Tenn.

16 DATE OF BURIAL Nov 1, 1908

17 WHERE BURIED Home

18 SIGNATURE OF REGISTRAR John Harris