PLACE OF DEATH

County: Cocke

City Dist: 1st

Village

City: Cockrill

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 72

Primary Registration District No. 2221

(No. City Hosp. St.; Ward)

File No.

Reg. No. 60

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

2. FULL NAME: John Howard

(a) Residence: No. 11 St. Ward

(Usual place of abode)

(If institution, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, and year)

8. AGE	Years	Months	Days	If less than 1 day, hours or minutes
	80	10	24	

9. OCCUPATION: 9. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc.: Farmer (Retired)

10. Industry or business in which work was done, as silk mill, coal mill, bank, etc.: None

11. Date deceased last worked at this occupation (month and year): 12. Total time (years) spent in this occupation: 7

13. NATIVITY (city or town) (State or country): Tenn

14. NAME OF FATHER: Jesse Howard

15. NATIVITY (city or town) (State or country): Tenn

16. MAIDEN NAME OF MOTHER: Nancy Farley

17. NATIVITY (city or town) (State or country): Tenn

18. INFORMANT: (a) Name: Mrs. Howard

(b) Residence: City

19. DATE OF FILING: Sept 9 1931

20. UNDERTAKER: Mrs. Lipton

21. Place of burial: Sept 10 1931 Shadow Mount

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, and year): Sept 8 1931

23. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... and last saw ... alive on ... 19 ... and that death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of sequence is as follows, all disease being stated under one heading:

	Date of onset
Fracture of Skull	
Effect of Blow on Head	
By Automobile Wreck	

Contributory causes of importance not related to principal cause: 188c

Place of operation: Date of:

Was test performed (diagnosis): Was there an autopsy?

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide: Date of injury:

Where did injury occur? (Specify city or town, county, and State) Cockrill Bend

Specify whether injury occurred in industry, in home, or in public place: not

Nature of injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: (Signed) H. H. Howard

(Address)

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Avoid abbreviations. Write out full words. Be sure to answer every question. Name should be entered EXACTLY. Place of death should be a street address. CAUSE OF DEATH in Medical Certificate should be stated EXACTLY. PHYSICIANS should be careful to use proper terms. Be certain to give full information. This is very important. See instructions on back of certificate.