

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

16653

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Benton Co
Civil Dist. 15
OR
Village _____
OR
City _____ (No. _____ St.; Ward _____)

Registration District No. 40315
Primary Registration District No. _____

File No. _____
Registered No. 3

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

2 FULL NAME Jonathan Young Jordan

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 April 11 1853
(Month) (Day) (Year)

7 AGE 74 yrs. 2 mos. 22 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Benton Co Tenn

10 NAME OF FATHER Jonathan Wright Jordan

11 BIRTHPLACE OF FATHER N.C.
[State or country]

12 MAIDEN NAME OF MOTHER Rebecca Key

13 BIRTHPLACE OF MOTHER NC
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs H. I. Cain
[Address] Camden Tenn.

15 Filed July 2 1929 J. H. Bivens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 3 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 26 1929 to July 3 1929 that I last saw him live on July 2 1929 and that death occurred, on the date stated above, at 2:00 A.M.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage 74a
[Duration] _____ yrs. _____ mos. 6 ds.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.

Signed J. P. McCall M. D.
July 2 1929 Address Camden Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Wright Cemetery DATE OF BURIAL July 4 1929

20 UNDERTAKER Bivens & Lindsey ADDRESS Camden

DO NOT TEAR OUT
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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.