

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.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County Davison
Civil Dist. 1st
or
Village _____
or
City Nashville (No. St. Thomas Hospital; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 21901
Primary Registration District No. _____

File No. 587
Registered No. 587

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

2 FULL NAME J. T. Townsend

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 don't know, 1 _____
(Month) (Day) (Year)

7 AGE 60 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER J. T. Townsend

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. T. Townsend
(Address) Candlen Tenn

15 Filed Mar 10 1919 Strong, John
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 9, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 8 1919, to Mar 9, 1919, that I last saw him alive on Mar 9, 1919, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:
acute intestinal obstruction
(70 hrs) operation for 20 hrs
(Duration) _____ yrs. _____ mos. _____ ds. 118 1/2

Contributory R. Broucho
(SECONDARY) Pneumonia (Duration) 14 hrs
(Signed) W. F. Floyd, M. D.
3/9, 1919. (Address) Br 1 Bldg.

*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. 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 Candlen Tenn DATE OF BURIAL Mar 11, 1919

20 UNDERTAKER Carbo & Chalko ADDRESS Nashville Tenn