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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.

1 PLACE OF DEATH			STATE OF TENNESSEE		
County <u>Cocke</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>4</u>			Registration District No. <u>4-1504</u>		File No. _____
Village _____			Primary Registration District No. _____		Registered No. <u>8</u>
City <u>Rankins Dept</u>			St. _____ Ward _____		(If death occurred in a hospital or institution give its NAME instead of street and number.)
2 FULL NAME <u>Thomas Whitlock</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>M</u> (Write the word)	16 DATE OF DEATH <u>June 23 1927</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>April 5 1853</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>July 23 1927</u> to <u>June 23 1927</u> that I last saw him alive on <u>June 23 1927</u> and that death occurred, on the date stated above, at _____ M		
7 AGE <u>72</u> yrs. <u>2</u> mos. <u>18</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>Angina Pectoris 89</u> <u>Secondary to Fracture</u> <u>since 4 months</u> (Duration) <u>1</u> year _____ mo. _____ ds.		
8 OCCUPATION <u>Post Master 818</u> (a) Trade, profession, or particular kind of work. (b) Capital nature of industry, business, or establishment in which employed (or employer)			Contributory (SECONDARY) <u>Influenza in February</u> (Duration) _____ yrs. _____ mo. _____ ds. Signed <u>James H. Harkness</u> M. D. <u>6/30 1927</u> Address <u>Newport, Tenn.</u>		
9 BIRTHPLACE <u>Tennessee</u> (State or country)			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.		
10 NAME OF FATHER <u>John Whitlock</u>			18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>72</u> yrs. _____ mo. _____ ds. In the State <u>72</u> yrs. _____ mo. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence <u>Usual residence</u>		
PARENTS	11 BIRTHPLACE OF FATHER (State or country) <u>Not known</u>		19 PLACE OF BURIAL OR REMOVAL <u>Rankins Cemetery</u>		
	12 MAIDEN NAME OF MOTHER <u>Not known</u>		20 DATE OF BURIAL <u>June 24 1927</u>		
	13 BIRTHPLACE OF MOTHER (State or country) <u>Not known</u>		20 UNDERTAKER <u>John C. Holder</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Auth. Copy</u> [Address] <u>Rankins Dept</u>			ADDRESS <u>Newport, Tenn.</u>		
15 Filed <u>July 6 1927</u> J. S. Hays REGISTRAR					