

1007 0017

1 PLACE OF DEATH		STATE OF TENNESSEE	
County <u>of Cook</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics	
Civil Dist. <u>1</u>		CERTIFICATE OF DEATH	
Village _____		Registration District No. <u>7-75-0-51</u>	File No. _____
City _____		Primary Registration District No. _____	Registered No. _____
2 FULL NAME <u>W. D. Whitlock</u>		(If death occurred in a hospital or institution give its NAME instead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u>	16 DATE OF DEATH <u>Feb. 20, 1917</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>June 15, 1831</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb. 14, 1917</u> , to <u>Feb. 20, 1917</u> , that I last saw him alive on <u>Feb. 20, 1917</u> , and that death occurred, on the date stated above, at <u>W.D.</u> The CAUSE OF DEATH * was as follows: <u>Mania</u> <u>depressionia</u>
7 AGE <u>85</u> yrs. <u>8</u> mos. <u>5</u> ds. If LESS than 1 day, hrs. or min.?			(Duration) _____ yrs. _____ mos. _____ ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Carpenter</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			Contributory (Secondary) _____
9 BIRTHPLACE (State or country) <u>North Carolina</u>			(Duration) _____ yrs. _____ mos. _____ ds.
PARENTS	10 NAME OF FATHER <u>William Whitlock</u>	(Signed) <u>J. M. C. Atchley</u> , M. D. <u>Feb. 22, 1917</u> (Address) <u>Newport, Tenn.</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>North Carolina</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	12 MAIDEN NAME OF MOTHER <u>Sarah Hall</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State <u>57</u> yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence <u>Usual residence</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>North Carolina</u>			19 PLACE OF BURIAL OR REMOVAL <u>Rambling Cemetery</u> DATE OF BURIAL <u>Feb. 21, 1917</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. D. Whitlock</u> (Address) <u>Rambling, Tenn.</u>			20 UNDERTAKER <u>C. D. Miller</u> ADDRESS <u>Rambling, Tenn.</u>
15 Filed _____ 1917 <u>J. S. Gray</u> REGISTRAR			

N. B.—Every form of this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should make calculations of AGE in full, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

