

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
 County Cannon
 Civil Dist. 4
 OR
 Village
 OR
 City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. #0804File No. 3Primary Registration District No. 4Registered No. 72 FULL NAME Thomas Todd

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

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 May 27 1846
 (Month) (Day) (Year)

7 AGE 79 8 29 If LESS than 1 day, hrs. or min.?
 yrs. mos. ds.

9 BIRTHPLACE (State or country) Tenn
 10 NAME OF FATHER Frank Todd
 11 BIRTHPLACE OF FATHER (State or country) Tenn.
 12 MAIDEN NAME OF MOTHER Susan Cox
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] John Fowler
 [Address] Woodbury Ky

15 Filed Feb 9 1926 L. N. Todd
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 2 1926
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 2 1925, to Jan 1 1926, that I last saw him alive on Jan 1st 1926, and that death occurred, on the date stated above, at 12 M.
 The CAUSE OF DEATH* was as follows:

Influenza-Pneumonia
 [Duration] yrs. mos. 10 ds.

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

Signed J. F. Adams, M. D.
Jan 3rd 1926 Address Woodbury

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, 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 Carter Cemetery DATE OF BURIAL Jan 3 1926

20 UNDERTAKER T. H. McMiller ADDRESS Woodbury