

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>Dickson</u> | | | STATE BOARD OF HEALTH Bureau of Vital Statistics | | |
| Civil Dist. <u>2</u> | | | Registration District No. <u>221</u> | | File No. <u>167</u> |
| Village _____ | | | Primary Registration District No. <u>2</u> | | Registered No. <u>167</u> |
| City _____ (No. _____, St.; Ward _____) | | | [If death occurred in a hospital or institution, give its NAME instead of street and number.] | | |
| 2 FULL NAME <u>James R Donegan</u> | | | | | |
| 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>Widowed</u> (Write the word) | 16 DATE OF DEATH <u>2</u> / <u>1</u> / <u>1916</u> (Month) (Day) (Year) | | |
| 6 DATE OF BIRTH <u>9</u> / <u>28</u> / <u>1832</u> (Month) (Day) (Year) | | | 17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 23</u> 1916, to <u>Jan 31</u> 1916, that I last saw him alive on <u>Jan 31</u> 1916, and that death occurred, on the date stated above, at <u>10</u> m. | | |
| 7 AGE <u>83</u> yrs. <u>4</u> mos. <u>3</u> ds. If LESS than 1 day, ____ hrs. or ____ min.? | | | The CAUSE OF DEATH* was as follows: <u>Legrippe</u> | | |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>000</u> | | | _____ (Duration) ____ yrs. ____ mos. ____ ds. | | |
| 9 BIRTHPLACE (State or country) <u>Dickson Tenn</u> | | | Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds. | | |
| PARENTS | 10 NAME OF FATHER <u>Henderson Donegan</u> | (Signed) <u>W. W. Walker</u> M. D. <u>2/2</u> 1916 (Address) <u>Dickson Tenn</u> | | | |
| | 11 BIRTHPLACE OF FATHER (State or country) <u>T. C.</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>Mary Brazzle</u> | 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 _____ | | | |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>Ga</u> | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Will Grazer</u> (Address) <u>Dickson</u> | | | | |
| 15 Filed <u>Feb 2</u> 1916 <u>W. J. Sugg</u> REGISTRAR | 19 PLACE OF BURIAL OR REMOVAL <u>Donegan, Being Jan 31-3</u> 1916 | | DATE OF BURIAL <u>Feb 1-3</u> 1916 | | |
| Form V. S. No. 4-5M. | | 20 UNDERTAKER <u>S. C. Collinsson Dickson</u> | | | |