

STATE OF TENNESSEE

173

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County BLOUNTCivil Dist. 5OR
VillageOR
City Friendsville R701 (No. , St.; Ward)Registration District No. 40505

File No. _____

Primary Registration District No. _____

Registered No. 2

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

2 FULL NAME James Watkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow6 DATE OF BIRTH Oct 8 1841
(Month) (Day) (Year)7 AGE 82 yrs. 6 mos. 6 ds. / If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) 0009 BIRTHPLACE (State or country) King Co Tenn10 NAME OF FATHER John Watkins11 BIRTHPLACE OF FATHER [State or country] King Co Tenn12 MAIDEN NAME OF MOTHER Mrs Edington13 BIRTHPLACE OF MOTHER [State or country] King Co Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] C. M. Watkins[Address] Friendsville R70115 Filed May 7, 1924 D. B. Johnston REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 10 1924
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from March 19 1924 to April 9, 1924 that I last saw him live on April 9, 1924 and that death occurred, on the date stated above, at 11 P. M
The CAUSE OF DEATH* was as follows:Cerebral Hemorrhage
Apoplexy 749
[Duration] _____ yrs. _____ mos. _____ ds.

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

Signed N. C. Ellis M. D. April 15, 1924 Address Friendsville

*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 Middlebush Tenn DATE OF BURIAL April 11, 192420 UNDERTAKER ED. F. HARPER ADDRESS MARYVILLE, TENN

DO NOT TEAR OUT

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.