

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

522

1 PLACE OF DEATH
County Hamilton
Civil Dist. 1
or Village Chattanooga
or City Chattanooga (No. 1 Duane Johnson St.; 6 Ward)

Registration District No. 23501
Primary Registration District No. 6

File No. _____
Registered No. 542

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

2 FULL NAME Thomas Walter Ford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 46 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Inventory Clerk
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) 891

9 BIRTHPLACE Iran
(State or country)

PARENTS

10 NAME OF FATHER L. W. Ford

11 BIRTHPLACE OF FATHER Tenn
(State or country)

12 MAIDEN NAME OF MOTHER Not Record

13 BIRTHPLACE OF MOTHER _____
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

15 Filed 5/28 7 F.D. Samuel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 27th, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 20th 1917, to May 27th, 1917, that I last saw him alive on May 26th, 1917, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows: arterio-sclerosis

(Duration) 3 yrs. 6 mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Walter H. Horton, M. D.
May 28th, 1917. (Address) Chattanooga Tenn

*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 City _____ yrs. _____ mos. _____ ds.
Where was disease contracted? _____
If not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Forest Hills DATE OF BURIAL 5/28, 1917

20 UNDERTAKER F. Surpoe ADDRESS Chattanooga