

SEE REGULATIONS  
ON THE BACK

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY. USE BLACK INK. THIS IS A PERMANENT RECORD. ALL ITEMS SHOULD BE COMPLETE AND ACCURATE.  
GIVE FULL NAME OF DECEASED COMPLETELY SPELLLED, AGE AND BIRTHDATE OF DECEASED MUST BE ACCURATE

Form No. 104

1. PLACE OF DEATH 0917  
 COUNTY OF Paul Carroll  
 CIVIL DISTRICT 17  
 CITY (or town) Bruceston  
 ADDRESS OF PLACE OF DEATH Bruceston  
 (If death occurred in a hospital or institution, give NAME, not street and number)  
 Length of residence in city or town where death occurred 15 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

2. FULL NAME John Morris  
 (A) RESIDENCE Bruceston  
 (Usual place of abode—If non-resident of place of death, give town and State)

CERTIFICATE OF DEATH  
 STATE OF TENNESSEE  
 DEPT. OF PUBLIC HEALTH  
 DIVISION OF VITAL STATISTICS

Dr. Mason  
 STATE FILE NUMBER  
1882231  
 REG. NO. 81  
 REG. DIST. NO. 92  
 PRIM. REG. DIST. NO. 40917  
 To be inserted by Registrar  
 If war veteran, give war and military organization.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. RACE OR COLOR w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED? married  
 (write the word)

6. DATE OF BIRTH month June day 3 year 1870  
 7. AGE 68 yrs. 3 mos. 0 days 0 hrs. 0 mins. IF LESS THAN ONE DAY

8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. Farmer.  
 9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.  
 10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)  
 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 3 1938  
 month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

22. I HEREBY CERTIFY THAT I SATISFIED THE RECORDS FROM Dr. Mason  
I saw the body after  
 I LAST SAW HIM ALIVE ON \_\_\_\_\_ 19\_\_\_\_ DEATH IS SAID  
 TO HAVE OCCURRED ON DATE STATED ABOVE, AT \_\_\_\_\_ M. S.  
 THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES  
 IN ORDER OF ONSET WERE Heart Death  
 DATE OF ONSET \_\_\_\_\_

12. BIRTHPLACE (city or town) Houston Co. Tex  
 (State or country)

FATHER 13. NAME Lige Morris  
 14. BIRTHPLACE (city or town) \_\_\_\_\_  
 (State or country) Houston Co. Tex

MOTHER 15. MAIDEN NAME Sherrill  
 16. BIRTHPLACE (city or town) \_\_\_\_\_  
 (State or country) Houston Co. Tex

17. INFORMANT John Richardson  
 (Address) Bruceston Tex (Signature)

18. BURIAL, CREMATION OR REMOVAL \_\_\_\_\_ DATE 994938  
 CEMETERY Old Hollow Oak PLACE Bruceston

19. UNDERTAKER Bruceston General Store  
 (Firm name)  
 ADDRESS Bruceston Tex

20. FILED Oct 8 1938 Mrs. Elizabeth Bunde  
 Registrar

CONTRIBUTORY CAUSES OF IMPAIRMENT  
depression, all else  
ifft message and operation

NAME OF OPERATION Operator DATE \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_ AUTOPSY? \_\_\_\_\_

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) GIVE FOLLOWING DATA:  
 ACCIDENT, SUICIDE OR HOMICIDE? \_\_\_\_\_ DATE OF INJURY \_\_\_\_\_  
 WHERE DID INJURY OCCUR? \_\_\_\_\_  
 (Specify city or town, county and State)  
 SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE \_\_\_\_\_

MANNER OF INJURY \_\_\_\_\_  
 NATURE OF INJURY \_\_\_\_\_

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION?  
 IF SO, SPECIFY \_\_\_\_\_  
 (SIGNED) J. S. Stovall, M.D.  
 (ADDRESS) Bruceston Tex