

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.

1 PLACE OF DEATH 09-18 **STATE OF TENNESSEE**
 County Carroll STATE BOARD OF HEALTH
 Civil Dist. 18 Bureau of Vital Statistics 7
 OR Registration District No. File No.
 Village Buena Vista 09-18 4697
 OR Primary Registration District No.
 City (No. , St.; Ward) Registered No.

2 FULL NAME Thomas J. Newwood 630

[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 5 8 1840
 (Month) (Day) (Year)

7 AGE 93 If LESS than 1 day, hrs. or min.?
 yrs. mos. ds.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) VVVV

9 BIRTHPLACE (State or country) Carroll Co

PARENTS

10 NAME OF FATHER John Newwood

11 BIRTHPLACE OF FATHER [State or country] North Carolina

12 MAIDEN NAME OF MOTHER Tilda O'neal

13 BIRTHPLACE OF MOTHER [State or country] Madison Co

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 7 1923
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Feb. 2nd, 1923 to Mar. 5th, 1923
 that I last saw him alive on March 5th, 1923
 and that death occurred, on the date stated above, at 8 A.M.
 The CAUSE OF DEATH* was as follows:
Heart disease
 [Duration] 3 yrs. 9 mos. 13 ds.
 Contributory [SECONDARY] Old age
 [Duration] yrs. mos. ds.
 Signed L. L. Duncan, M. D.
 Address Buena Vista

* 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] E. E. Clark
 [Address] Buena Vista Tenn.

15
 Filed Apr 1, 1923 H. Murphy
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Buena Vista DATE OF BURIAL Mar 8, 1923

20 UNDERTAKER John Clark ADDRESS Buena Vista