

1 PLACE OF DEATH

County MadisonCivil Dist. 15

Village _____

City Jackson (No. 326 N. 4th St.; 4 Ward)2 FULL NAME William W. Norwood

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 5-83Primary Registration District No. 25-813File No. 499Registered No. 299

[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~~ Married6 DATE OF BIRTH May 9 1869
(Month) (Day) (Year)7 AGE 52 yrs. 6 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Watchman
(b) General name of industry, business, or establishment in which employed (or employer) Railway Lgt Co9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER T. J. Norwood11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Liza Puckston13 BIRTHPLACE OF MOTHER (State or country) Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. C. Norwood(Address) Jackson Tenn15 Filed 11/10 by W. H. Jordan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 9 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov-1 1921 to Nov. 9 1921, that I last saw him alive on Nov. 9 1921 and that death occurred, on the date stated above, at 5 AM. The CAUSE OF DEATH* was as follows: 100aBroncho-Pneumonia
(Duration) _____ yrs. _____ mos. 9 ds.Contributory [SECONDARY] Broncho-Pneumonia
(Duration) _____ yrs. _____ mos. 9 ds.Signed L. P. Harrison M. D.Died Nov. 9 1921 Address Jackson 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 _____ yrs. _____ mos. _____ ds.Where was disease contracted, if not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Buena Vista DATE OF BURIAL Nov 9 192120 UNDERTAKER Baumer Luff ADDRESS Jackson Tenn

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD