1. PLACE OF DEATH

County Sumner 84.03

Civil Dis. 3rd 84.03

or Village

or City (No. ; St.; Ward)

STATE OF TENNESSEE
STATE DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

1906

Registration District No. 841

Primary Registration District No. 34403

File No.

Reg. No. 3

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Goldthwaite Witherspoon

(a) Residence: No. St. Ward.

(Street place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mrs Jno. G. Witherspoon

6. DATE OF BIRTH (month, day, and year) Sept 21 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date dressed but worked at this occupation (month and year)

11. Total time (year) spent in this occupation 42

12. BIRTHPLACE (City or town) (State or country) Mississippi

FATHER

13. NAME Sidney Fairbairn Spence

14. BIRTHPLACE (City or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary Florence

16. BIRTHPLACE (City or town) (State or country) North Carolina

17. INFORMANT Mrs Jno. G. Witherspoon
(Address) Gallatin Tenn.

18. BURIAL, CREMATION, OR REMOVAL Gallatin Cemetery Date Jan 27 1934

19. UNDERTAKER Chas. E. Harris
(Address) Gallatin Tenn.

20. FILED Jan 26 1934 Wm. M. Burton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1933 to Jan 26 1934 I last saw him alive on Jan 26 1934, death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Coronary Thrombosis	
Arteriosclerosis	

Contributory causes of importance not related to principal cause:

Name of operation Date

What test confirmed diagnosis? Was autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Nature of injury

Nature of injury

24. Was disease or injury in any way related to occupation of decedent? no

If so, specify

(Signed) Emily Woodson M. D.

(Address) Gallatin Tenn.

ATION is very important. See instructions on back of certificate.