1 PLACE OF DEATH

County 107

Civil Dist. .....
OR
Village .....
OR
City ..... (No. 1 E. Joseph St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH 2988

Registration District No. .....
Primary Registration District No. .....

File No. .....
Registered No. 2988

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

2 FULL NAME Joseph Barron Baucum

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
M	W	S

6 DATE OF BIRTH Feb 15, 1 (Month) (Day) (Year)

7 AGE 21 yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

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

9 BIRTHPLACE (State or country): Texas

PARENTS

10 NAME OF FATHER: L. M. Baucum

11 BIRTHPLACE OF FATHER [State or country]: La.

12 MAIDEN NAME OF MOTHER: Mandie McKellar

13 BIRTHPLACE OF MOTHER [State or country]: Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs Paul James

[Address] 1324 Latham

15

Filed 10-1, 1918 .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 1, 1918 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 9-14, 1918, to 10-1, 1918

that I last saw h alive on 10-1, 1918

and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH* was as follows:

Pulmonary Abscess

[Duration] ..... yrs. ..... mos. ..... ds.

Contributory [SECONDARY] Anaesthetics for Appendicitis

[Duration] ..... yrs. ..... mos. ..... ds.

Signed R. L. McDavid, M. D.

10-1, 1918 Address .....

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. 10 ds. In the State 2 yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence 1324 Latham

19 PLACE OF BURIAL OR REMOVAL: Atlanta, Ga. DATE OF BURIAL: 10-1, 1918

20 UNDERTAKER: Thompson Bros. ADDRESS