Form V. S. 4 — MARGIN RESERVED FOR BINDING

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

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

7 5089

File No. 548

Registration District No. 21001

Primary Registration District No. .....

Reg. No. .....

1. PLACE OF DEATH

County: Davidson

Civil Dis. .....

or Village .....

or City: Nashville (No. ....., ... St.; ..... Ward)

(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: Joseph Comotto

(a) Residence: No. 2525 Rose Ave St., ... Ward. .....

(Usual 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

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

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77				

OCCUPATION

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. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Itly

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Casper Kuhn

(Address) Nashville Tenn

18. BURIAL, CREMATION, OR REMOVAL

Place Paradise Ridge Date 3/8/30, 19..

19. UNDERTAKER Martin & Rollow

(Address) Nashville Tenn.

20. FILED Mch 12-30, 19.. Nora Hollister Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/7/30, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19...., death is said to have occurred on the date stated above, at 12:45 a.m.

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

	Date of onset
a. Senility	
Contributory causes of importance not related to principal cause:	164

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an 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.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. L. Bardill, M. D.

(Address) 400 Jefferson St