WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
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.

STATE OF TENNESSEE

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STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County McMinn
Civil Dist. Third
or Village
or City Etowah (No. , St.; Ward)

Registration District No. 563
Primary Registration District No. 45603
File No.
Registered No. 27
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Walter Dickey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE Colord
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Single
6 DATE OF BIRTH June 2, 1899 (Month) (Day) (Year)
7 AGE 23 yrs. 9 mos. 27 ds. If LESS than 1 day, ...hrs. or ...min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Ga
PARENTS
10 NAME OF FATHER J M Dickey
11 BIRTHPLACE OF FATHER [State or country] Ga
12 MAIDEN NAME OF MOTHER Dont Know
13 BIRTHPLACE OF MOTHER [State or country] " "
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Martin Dickey
[Address] Etowah
15
Filed 4/7 1923 Mrs Callie Rains REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 11 1923 [Month] [Day] [Year]
17 I HEREBY CERTIFY, That I attended deceased from March 11 1923, to March 11, 1923
that I last saw h... alive on ......, 191
and that death occurred, on the date stated above, at ... M
The CAUSE OF DEATH* was as follows:
Loss of Blood ... Wound in Neck ... Jugular Esophagus & Trachea [Duration] yrs. mos. ds.
Pistol wound Homisidal
Contributory [SECONDARY] [Duration] yrs. mos. ds.
Signed J. F. Duncan M. D.
3/11 1923 Address Etowah 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 New Zion
DATE OF BURIAL March 13 1923
20 UNDERTAKER Center & Powell
ADDRESS Etowah

Form V. S. No. 4. Printing Department, Tennessee Industrial School.

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Citation

"Tennessee, Deaths, 1914-1966", *FamilySearch* (https://www.familysearch.org/ark:/61903/1:1:NSG6-XVR : Sat Mar 29 10:05:10 UTC 2025), Entry for Walter Dickey and J M Dickey, 1923.