

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

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

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

249

1 PLACE OF DEATH  
County Jackson  
Civil Dist. #12 Registration-District No. 44412 File No. 4  
or Village Clenny Primary Registration District No. 12 Registered No. 4  
or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Franklin James

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
6 DATE OF BIRTH Nov 23, 1914  
(Month) (Day) (Year)  
7 AGE 2 3 3 If LESS than 1 day, ---- hrs. or ---- min.?  
-----yrs.-----mos.-----ds.

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Name  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER Will James

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Pally Loftis

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mat Loftis  
Ganesbaro Tenn R #3  
(Address)

15 Filed Feb 26, 1917 Jno B. Billingsley REGISTRAR  
Ganesbaro Tenn R #3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 20 1917, to Feb 24, 1917, that I last saw him alive on Feb 24, 1917, and that death occurred, on the date stated above, at 1 o'clock.

The CAUSE OF DEATH \* was as follows:  
Bronchial Pneumonia  
(Duration) -----yrs.-----mos.-----ds. 6

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) -----yrs.-----mos.-----ds. \_\_\_\_\_  
(Signed) W. M. McCom, M. D.  
Feb 27, 1917 (Address) Ganesbaro Tenn R #3

\*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 Jones Cemetery DATE OF BURIAL Feb 26, 1917

20 UNDERTAKER E Birdwell ADDRESS Ganesbaro Tenn R #3