

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

MARKED 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**  
STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Jackson  
Civil Dist. First Registration District No. 441 File No. 9  
or Village Garrettsville Primary Registration District No. 24401 Registered No. \_\_\_\_\_  
or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME John Gore Young

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH Dec 16, 1917  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ yrs. 4 mos. \_\_\_\_\_ 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) Tennessee

PARENTS

10 NAME OF FATHER Russie Young

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Russie Spence

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH March 16<sup>th</sup>, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 14<sup>th</sup>, 1917, to March 16<sup>th</sup>, 1917, that I last saw him alive on March 16<sup>th</sup>, 1917, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
100%  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Signed) Chas. E. Jolley \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
\_\_\_\_\_, M. D.  
(Address) Garrettsville, 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 Garrettsville DATE OF BURIAL Mar. 17, 1917

20 UNDERTAKER Paul Brown ADDRESS Garrettsville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John Young  
(Address) Garrettsville

15 Filed April 7, 1917 W. H. Little  
REGISTRAR