

1 PLACE OF DEATH

County Jackson
 Civil Dist. No 10
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 10 File No. 278
 Primary Registration District No. 444 Registered No. 12

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

2 FULL NAME James Milburn Owen

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July - 10th, 1858
(Month) (Day) (Year)

7 AGE 58 yrs. 7 mos. 11 ds. If LESS than 1 day, --- hrs. or --- min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer) work on farm

9 BIRTHPLACE (State or country) 13th Dist Putnam Co.

10 NAME OF FATHER Miley Owen

11 BIRTHPLACE OF FATHER (State or country) North Carolina

12 MAIDEN NAME OF MOTHER Nancy Smith

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lilburn Owen

(Address) Cookeville Tenn

15 Filed June 7, 1917 J. H. Cummings REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 21, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 18, 1917, to April 20, 1917, that I last saw him alive on April 20, 1917, and that death occurred, on the date stated above, at 3A m.

The CAUSE OF DEATH* was as follows: Relapsa

(Duration) --- yrs. --- mos. --- ds.

Contributory Not known
(SECONDARY)

(Duration) --- yrs. --- mos. --- ds.

(Signed) C. H. Mabry, M. D.
June 26, 1917 (Address) Greeneboro 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? At home

Former or usual residence Yes

19 PLACE OF BURIAL OR REMOVAL Smiths Chapel DATE OF BURIAL April 22, 1917

20 UNDERTAKER no special undertaker ADDRESS _____

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.