

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. #1
 or Village Near Gainesboro
 or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 441 File No. 214
 Primary Registration District No. 24401 Registered No. 28
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James Albert Anderson

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 January 8 1902
 (Month) (Day) (Year)
 7 AGE 15 yrs. 7 mos. 7 ds. If LESS than 1 day, ----hrs. or ----min.?

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

9 BIRTHPLACE (State or country) Jackson Co. Tenn

PARENTS
 10 NAME OF FATHER D.P. Anderson
 11 BIRTHPLACE OF FATHER (State or country) Jackson Co. Tenn
 12 MAIDEN NAME OF MOTHER C.B. Lehaffin
 13 BIRTHPLACE OF MOTHER (State or country) Jackson Co. Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) D.P. Anderson
 (Address) Gainesboro R. 4

15 Filed Aug 24 1917 W.H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 8 1917
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from July 29 1917, to Aug 8 1917, that I last saw him alive on Aug 8 1917, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:
Typhoid Fever
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W.P. Loftis, M.D. (Address) Gainesboro 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 Walter Young Co. Burial DATE OF BURIAL Aug 24 1917
 20 UNDERTAKER Walter Young Co. ADDRESS Walter Young Co. Gainesboro Tenn