

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		STATE OF TENNESSEE		328
County <u>Jackson 3857</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>1st</u>		CERTIFICATE OF DEATH		
Village <u>Gainesboro</u>		Registration District No. <u>441</u>	File No. <u>26</u>	
or City _____ (No. _____, St.; Ward _____)		Primary Registration District No. <u>2440</u>	Registered No. _____	
2 FULL NAME <u>Gerstle Jackson</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>Sept 16</u> , 19 <u>17</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH <u>Sept 16</u> , 19 <u>17</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Sept 16</u> , 19 <u>17</u> , to <u>Sept 16</u> , 19 <u>17</u> , that I last saw her alive on <u>Sept 16</u> , 19 <u>17</u> , and that death occurred, on the date stated above, at _____	
7 AGE _____-yrs. _____-mos. _____-ds. If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>Marasmus 113</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			_____ _____ _____ <small>(Duration) _____-yrs. _____-mos. _____-ds.</small>	
9 BIRTHPLACE (State or country) <u>Jackson</u>			Contributory <u>Gastro-enteritis</u> <small>(SECONDARY)</small>	
PARENTS	10 NAME OF FATHER <u>Andrew Jackson</u>		<small>(Duration) _____-yrs. _____-mos. _____-ds.</small>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson</u>		(Signed) <u>Wesley C. James M. D.</u>	
	12 MAIDEN NAME OF MOTHER <u>Annie M. Jones</u>		<u>Oct 3</u> , 19 <u>17</u> (Address) <u>Gainesboro</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. C. G. G. G.</u> (Address) <u>Gainesboro</u>			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 _____	
15 Filled <u>Oct 3</u> , 19 <u>17</u> <u>W. C. G. G. G.</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Jackson</u> UNDERTAKER <u>None</u>	
			DATE OF BURIAL <u>Sept 16</u> , 19 <u>17</u> ADDRESS _____	