

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. See  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

377

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Primary Registration District No. 114402

Registered No. 6

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

2 FULL NAME Ernest Long

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 \_\_\_\_\_, 1\_\_\_\_\_, \_\_\_\_\_  
(Month) (Day) (Year)

7 AGE 1 yrs. 3 mos. 27 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) Jackson Co

10 NAME OF FATHER Euther Long

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Maitha Wilson

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Euther Long  
 (Address) Haydenburg Tenn

15 Filled 1/4, 1918 by J. E. Richmond  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 30, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 30 1917, to Dec 29, 1917, that I last saw him alive on Dec 29, 1917, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:  
Cerebral Pneumonia

Contributory to measles  
(SECONDARY)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Frank Clark, M. D.  
Dec 29, 1917. (Address) Haydenburg

\*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 Wilson Cem DATE OF BURIAL 12 31, 1917

20 UNDERTAKER Levi Wilson ADDRESS Haydenburg