

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. #12
 or Village Cherry
 or City _____ (No. _____) St.; _____ Ward _____

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 Registration District No. 44412 File No. 22
 Primary Registration District No. 12 Registered No. 22

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

2 FULL NAME Jimmie Lane

PERSONAL AND STATISTICAL PARTICULARS

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>
6 DATE OF BIRTH <u>January 3, 1906</u> <small>(Month) (Day) (Year)</small>		
7 AGE <u>11</u> yrs. <u>11</u> mos. <u>28</u> ds. <small>If LESS than 1 day, ---- hrs. or ---- min.?</small>		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>School Boy</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Jackson Co Tenn</u>		
PARENTS	10 NAME OF FATHER <u>W J Lane</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Co Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Jobie Platt</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Co Tenn</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
W J Lane
 (Informant)
Lanesboro Tenn R #3
 (Address)

15 Filled Jan 1 1917 by J. O. B. Billingsley
Lanesboro Tenn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 31, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 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 2 a m.

The CAUSE OF DEATH* was as follows:
accidental
Gun Shot Wound
Ball Passed through Stomach
(Duration) ---- yrs. ---- mos. 8 ds.

Contributory (SECONDARY) _____
(Duration) ---- yrs. ---- mos. ---- da.

(Signed) L K Anderson M. D.
Jan 3, 1918 (Address) Highway 100

*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 Youngs Cemetery DATE OF BURIAL Jan 1, 1918

20 UNDERTAKER W R Young Lanesboro Tenn R #3 ADDRESS _____