WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING.

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.

# STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

36

1 PLACE OF DEATH
County Jackson
Civil Dist. 8
or
Village
or
City ______ (No. ______, ______ St.; ______ Ward)

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

2 FULL NAME Franklin Marion Bailey

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: Mar 5, 1842 (Month) (Day) (Year)

7 AGE: 76 yrs. ______ mos. 4 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): 000

9 BIRTHPLACE (State or country): Tenn

PARENTS
10 NAME OF FATHER: Rubin Bailey
11 BIRTHPLACE OF FATHER (State or country): VA
12 MAIDEN NAME OF MOTHER: Ruchel Crowder
13 BIRTHPLACE OF MOTHER (State or country): Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Richardson
(Address) Whiteyville

15 Filed 3/18, 1918 Wm Byler REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 9, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May, 1917, to Feb 28, 1918, that I last saw him alive on Feb 28, 1918, and that death occurred, on the date stated above, at 11[45] a.m.

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
129
(Duration) ______ yrs. 10 mos. ______ ds.

Contributory (SECONDARY) Hypertro Prostatis
(Duration) ______ yrs. ______ mos. ______ ds.

(Signed) J D Quarles, M. D.
Mar 15, 1917 (Address) Whiteyville

*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: Ray Burial Place
DATE OF BURIAL: Mar 10, 1918

20 UNDERTAKER: None
ADDRESS ______

Form V.S. No. 4—100M. FOSTER & PARKES CO., NASHVILLE