

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

63

1 PLACE OF DEATH
County Jackson
Civil Dist. No. 9 Registration District No. 442 File No. _____
or Jamesboro Primary Registration District No. _____ Registered No. 9
Village _____
or _____ (No. _____, _____ St.; _____ Ward) _____
City _____

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

2 FULL NAME Milton Raymond Dumas

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Wh 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)
6 DATE OF BIRTH May 22, 1884
(Month) (Day) (Year)
7 AGE 63 - 11 - 13
yrs. mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Minister of Gospel
(b) General nature of industry, business, or establishment in which employed (or employer) 839

9 BIRTHPLACE (State or country) Jamesboro

10 NAME OF FATHER Levy Dumas

11 BIRTHPLACE OF FATHER (State or country) not known

12 MAIDEN NAME OF MOTHER Ebby Carlton

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Pals Dumas(Address) Cookville, T.S.

15 Filed May 12, 1918 A. J. Harris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 11, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1918, to May 2, 1918, that I last saw him alive on May 2, 1918, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* was as follows:

Mitral Regurgitation(Duration) 2 yrs. 5 mos. 90 ds.Contributory General Edema

(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. H. [Signature], M. D.June 4, 1918 (Address) Jamesboro

*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 West Cemetery DATE OF BURIAL May 12, 191820 UNDERTAKER [Signature] ADDRESS _____

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.

PAPER REVERSED FOR BINDING.