

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

83

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 11

Village _____

City _____ (No. _____, St.; _____ Ward)

Registration District No. 44411Primary Registration District No. 11

File No. _____

Registered No. 175

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

2 FULL NAME J. B. Harper

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 9 22, 1916
(Month) (Day) (Year)7 AGE 1 yrs. 9 mos. 27 ds. IF LESS than 1 day, --- hrs. or --- min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Flayd Harper11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Corny Gibson13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Flayd Harper(Address) Hammersburg R# 415 Filed 9/8, 1918 L. P. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7 19, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 10 1918, to July 19, 1918, that I last saw him alive on July 19, 1918, and that death occurred, on the date stated above, at 1 P. m.The CAUSE OF DEATH* was as follows:
Whooping CoughContributory Branchial Pneumonia
(SECONDARY) (Duration) --- yrs. 1 mos. 5 ds.(Signed) L. P. Anderson, M. D.
8/, 1918. (Address) Hammersburg

*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 Allen Cemetery DATE OF BURIAL 8/, 191820 UNDERTAKER Bill Harper ADDRESS Hammersburg

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.