

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. 609

Village _____

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

85

Registration District No. 442

File No. _____

Primary Registration District No. _____

Registered No. 62

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

2 FULL NAME James B. Masters

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 Jan 15, 1836
(Month) (Day) (Year)

7 AGE 41 yrs. 5 mos. 23 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) good

9 BIRTHPLACE (State or country) Tenn. State

10 NAME OF FATHER John Masters

11 BIRTHPLACE OF FATHER (State or country) Tenn. State

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert T. Masters

(Address) Gaines Row

15 Filled July 9, 1915

A. J. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 22, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: unknown
no medical aid or attendance
20th
(Duration)-----yrs.-----mos.-----ds.

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

(Signed) A. J. Harris M. D.
Gaines Row
191____ (Address)

*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 New Hope DATE OF BURIAL July 28, 1915

20 UNDERTAKER A. D. Taylor ADDRESS Gaines Row