

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

90

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 13

Village _____

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

Registration District No. 44413Primary Registration District No. 13

File No. _____

Registered No. _____

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

2 FULL NAME Mark - Fortnum

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 June 3, 1905
(Month) (Day) (Year)7 AGE 5 yrs. 2 mos. 5 ds. If LESS than 1 day,hrs. ormin.?8 OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER James Fortnum11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER B. Hef13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Daisy Fortnum(Address) Haydenburg Tenn15 59 J. J. DanielsFiled 59 1918 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug - 8, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1918, to Aug - 8, 1918, that I last saw him alive on Aug 8, 1918, and that death occurred, on the date stated above, at 8 a.m.The CAUSE OF DEATH* was as follows:
Augmentation of Brain Tumor_____
(Duration) yrs. mos. ds.Contributory (SECONDARY) _____
(Duration) yrs. mos. ds.(Signed) J. J. Daniels, M. D.
Aug 9, 1918 (Address) Whitneyville

*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 5 yrs. 2 mos. 5 ds. In the State 5 yrs. 2 mos. 5 ds.
Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Jackson County DATE OF BURIAL Aug 9, 191820 UNDERTAKER None ADDRESS _____

WRITE PLAIN - 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.

EXAMINE REVERSED FOR BINDING