

WRITE PLAIN 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. # 3
 or
 Village _____
 or
 City _____

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

95

Registration District No. 44408 File No. _____
 Primary Registration District No. _____ Registered No. 10

2 FULL NAME James Morgan (No. _____ St.; _____ Ward)
 Died before returning home
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

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 Sept. 3, 1918
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 5 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER John Morgan

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mina Morgan

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept-8, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept-3-1918, to Sept-8, 1918, that I last saw him alive on Sept-8, 1918, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:
Monstrousity 159c

(Duration) _____ yrs. _____ mos. 5 ds.

Contributory _____
(SECONDARY)

(Duration) _____ yrs. _____ mos. 5 ds.

(Signed) F. O. Casswell, M. D.
Sept 8, 1918 (Address) Bagdad Tenn.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) F. O. Casswell
 (Address) Bagdad Tenn.

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 _____

15 Filed Sept 8, 1918 M. H. Dye
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____, 191____
 20 UNDERTAKER _____ ADDRESS _____