

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. 12  
 or Village Union  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; Ward \_\_\_\_\_)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

135

CERTIFICATE OF DEATH

Registration District No. 44412  
 Primary Registration District No. 12

File No. 19

Registered No. 19

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

2 FULL NAME Warren P. Jackson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower  
(Write the word)

6 DATE OF BIRTH October 2, 1849  
(Month) (Day) (Year)

7 AGE 69 If LESS than 1 day, . . . hrs. or . . . min.?  
-----yrs.-----mos.-----ds.

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

9 BIRTHPLACE Jackson Co Tenn  
(State or country)

10 NAME OF FATHER Eli Jackson

11 BIRTHPLACE OF FATHER Jackson Co Tenn  
(State or country)

12 MAIDEN NAME OF MOTHER Nancy Davidson

13 BIRTHPLACE OF MOTHER Jackson Co Tenn  
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) R S Hoop  
 (Address) Gainesboro Tenn R# 3

15 Filed Oct 27, 1918  
Jno B Billingsley  
Gainesboro Tenn R# 3  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 26, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 23, 1918, to \_\_\_\_\_, 191\_\_\_\_, that I last saw him alive on Oct 23, 1918, and that death occurred, on the date stated above, at 11 @ m.

The CAUSE OF DEATH \* was as follows: 87 Dropsy of the Heart

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory (SECONDARY) Ill Health  
about 5 yrs.  
 (Signed) S B Fowler, M. D.  
Oct 27, 1918 (Address) Gainesboro Tenn

\*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 Gillett Cemetery DATE OF BURIAL Oct 27, 1918

20 UNDERTAKER Jasper Pippin Gainesboro Tenn R# 3 ADDRESS \_\_\_\_\_