

MARGIN RESERVED FOR BINDING. 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

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

County Jackson Registration District No. 442 File No. 481
 Civil Dist. 649 Primary Registration District No. _____ Registered No. 22
 Village _____
 City _____ (No. _____, _____ St.; _____ Ward)

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

2 FULL NAME Jim Ed. Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** white **5 SINGLE, ~~yes~~ MARRIED, WIDOWED, OR DIVORCED** (Write the word)

6 DATE OF BIRTH January, 3, 1914
 (Month) (Day) (Year)

7 AGE 1 yrs. 10 mos. 2 ds. **IF LESS than 1 day, -----hrs. or -----min.?**

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) Tennessee

10 NAME OF FATHER Harrison Brown
11 BIRTHPLACE OF FATHER (State or country) Tennessee
12 MAIDEN NAME OF MOTHER Jimmy Wheeler
13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. H. Brown
 (Address) Jackson

15 Filed Dec 5, 1914 J. H. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December, 5, 1914
 (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:
no medical aid in attendance
cause unknown
 (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) J. H. Brown, M. D.
Dec 5, 1914 (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 Wheeler county **DATE OF BURIAL** Dec 4, 1914
20 UNDERTAKER Sid Bennett **ADDRESS** Jackson