

MARGIN RESERVED FOR BINDING. 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. # 4  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH  
 181  
 Registration District No. 44404  
 Primary Registration District No. \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. 13  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Norman Elia Siscae

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 July 18, 1902  
(Month) (Day) (Year)

7 AGE 16 yrs. 4 mos. 21 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) working for Father

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER C. S. P. Siscae

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Nana Raines

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1918, to Dec 8, 1918, that I last saw him alive on Dec 8, 1918, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH\* was as follows: 17  
Bronchial pneumonia  
Following measles  
(Duration) yrs. mos. ds.  
 Contributory measles  
(SECONDARY) (Duration) yrs. mos. ds.  
 (Signed) Frank B. Clark M. D.  
Dec. 9, 1918 (Address) Haydenburg 10

\*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) C. S. P. Siscae  
 (Address) Whitleyville

15 Filed Dec. 9, 1918 Patt Clark  
 REGISTRAR

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 Crofters Graveyard DATE OF BURIAL 12. 9, 1918

20 UNDERTAKER B P Clark ADDRESS Whitleyville