

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
PAIN RESERVED FOR BINDING

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. # 2
or
Village Gainesboro
or
City R.H.H. (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

185

CERTIFICATE OF DEATH

Registration District No. 2
Primary Registration District No. 44402

File No. # 1
Registered No. # 1

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

2 FULL NAME Not named

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec - 25, 1918
(Month) (Day) (Year)

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

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Gainesboro Tenn

10 NAME OF FATHER Darius N Dixon

11 BIRTHPLACE OF FATHER (State or country) Hayden Tenn

12 MAIDEN NAME OF MOTHER Ida Taylor

13 BIRTHPLACE OF MOTHER (State or country) French Point Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alonzo McBawley
(Address) Gainesboro Tenn

15 Filed Jan 1, 1919 Alonzo McBawley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Dec-25, 1918, to Dec-26, 1918, that I last saw him alive on Dec-26, 1918, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Premature Birth
16da
(Duration) _____ yrs. _____ mos. 1 ds.

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

(Signed) J. O. Conwill, M. D.
Dec-26, 1918 (Address) Hayden 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 Nowell Grove 702 DATE OF BURIAL Dec 26, 1918

20 UNDERTAKER not known a friend ADDRESS Gainesboro Tenn