

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
 CERTIFICATE OF DEATH
 Registration District No. 44412 File No. 4
 Primary Registration District No. 12, Registered No. 4
 2 FULL NAME William Daws
 (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 (Write the word) Single
 6 DATE OF BIRTH Oct 12, 1919
 (Month) (Day) (Year)
 7 AGE 2 27
 yrs. mos. ds. If LESS than 1 day, ---- hrs. or ---- min.?
 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) Jackson Co Tenn
 PARENTS
 10 NAME OF FATHER Jeff Daws
 11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn
 12 MAIDEN NAME OF MOTHER Maud allcorn
 13 BIRTHPLACE OF MOTHER (State or country) Putnam Co Tenn

MEDICAL CERTIFICATE OF DEATH
 16 DATE OF DEATH January 16, 1920
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on Jan, 1920, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: 10
Membrane Crook
 (Duration) ---- yrs. ---- mos. ---- ds.
 Contributory (SECONDARY) _____ (Duration) ---- yrs. ---- mos. ---- ds.
 (Signed) J Mac Wheeler, M. D.
Sub 1, Bloomingston Springs Tenn R# 1
 (Address) _____
 *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) M A Young
Bloomingston Springs Tenn R# 1
 (Address) _____

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 Feb 1, 1920
J B Billingley
Union Tenn R# 1
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Flat Cemetery DATE OF BURIAL Jan 17, 1920
 20 UNDERTAKER J B Jackson ADDRESS Bloomingston Springs Tenn