149

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

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. 1st

or Village Gainesboro

or City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 441 File No. 9

Primary Registration District No. 44401 Registered No. _____

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

2 FULL NAME James Mack Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widowed

6 DATE OF BIRTH: July 25 (Month) (Day), 1834 (Year)

7 AGE: 86 yrs. ____ mos. ____ 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): [illegible]

9 BIRTHPLACE (State or country): Jackson Co

PARENTS

10 NAME OF FATHER: Sam Johnson

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

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (State or country): Dont know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella Gaines

(Address) Gainesboro

15 Filed Feb 9, 1920 Mrs. W. H. Sutton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan (Month) 20 (Day), 1920 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 1920, to Jan 20, 1920, that I last saw h[illegible] alive on Jan 20, 1920, and that death occurred, on the date stated above, at 2 P M

The CAUSE OF DEATH * was as follows:

Concussion brain due to fall.

[illegible]

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) old age

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) L B Fowler, M. D.

_____, 191__ (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: Family Cemetery

DATE OF BURIAL: Feb 22, 1920

20 UNDERTAKER: McDermon & Hoffman

ADDRESS: Gainesboro Tenn

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