

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** **STATE OF TENNESSEE** 152  
 County Jackson  
 Civil Dist. 8th Registration District No. 44, 410 File No. 2  
 Village \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** Jim Neal

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Male **4 COLOR OR RACE** Black **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
 (Write the word)

**6 DATE OF BIRTH** unknown 1891  
 (Month) (Day) (Year)

**7 AGE** 2 yrs. unknown If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?  
 yrs. mos. da.

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work Harmon  
 (b) General nature of industry, business, or establishment in which employed (or employer)

**9 BIRTHPLACE** (State or country) Glasgow Ky.

**10 NAME OF FATHER** unknown

**11 BIRTHPLACE OF FATHER** [State or country]

**12 MAIDEN NAME OF MOTHER** Kate Neal

**13 BIRTHPLACE OF MOTHER** [State or country] Kentucky

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 [Informant] Oscar Martin  
 [Address] Glasgow Ky.

**15** Filed Feb. 1 by Mrs. J. McCasam  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Jan 29 1920  
 [Month] [Day] [Year]

**17 I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_ 191\_\_\_\_ to \_\_\_\_\_ 191\_\_\_\_ that I last saw him alive on \_\_\_\_\_ 191\_\_\_\_ and that death occurred, on the date stated above, at \_\_\_\_\_ M. The CAUSE OF DEATH\* was as follows:

Drowned by accident  
 [Duration] \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

**Contributory** [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.

Signed \_\_\_\_\_, 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. \_\_\_\_ da. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ da.  
 Where was disease contracted, if not at place of death? \_\_\_\_\_  
 Former or usual residence Glasgow Kentucky

**19 PLACE OF BURIAL OR REMOVAL** Glasgow Ky. **DATE OF BURIAL** Jan. 31 1920

**20 UNDERTAKER** Oscar Martin Glasgow Ky.