WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN 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. 5th or Village Granville or City ______ (No. ______ St.; ______ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

157

Registration District No. 44406

File No. ______

Primary Registration District No. ______

Registered No. ______

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

2 FULL NAME James Ellis Rease

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Caucasian

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

6 DATE OF BIRTH: Sept (Month) 8th (Day), 1854 (Year)

7 AGE: 65 yrs. 4 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) ______

9 BIRTHPLACE (State or country): Jackson County

PARENTS

10 NAME OF FATHER: Wm Reace

11 BIRTHPLACE OF FATHER (State or country): ? Unknown

12 MAIDEN NAME OF MOTHER: Jessie Cornwall

13 BIRTHPLACE OF MOTHER (State or country): ? Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) King Rease

(Address) Granville

15

Filed ______ 191__ Dora McGuilbeath REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 6th (Day), 1920 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 6th 1920, to Feb 6th, 1920, that I last saw h__ alive on Feb 6th, 191__, and that death occurred, on the date stated above, at 10 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis (Pulmonary)

(Duration) 2 yrs. ______ mos. ______ ds.

Contributory (SECONDARY) ______

(Duration) ______ yrs. ______ mos. ______ ds.

(Signed) F. W. Brownfield, M. D.

2/27, 1920 (Address) Granville

*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 ______

DATE OF BURIAL 2/7, 1920

20 UNDERTAKER Williamson Bros

ADDRESS Granville

Form V. S. No.—4—10M.