

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** **179**
 County Jackson **STATE BOARD OF HEALTH**
 Civil Dist. 400 **Bureau of Vital Statistics**
 or **CERTIFICATE OF DEATH**
 Village _____ **Registration District No. 44404** **File No. ~~4~~**
 or **Primary Registration District No. _____** **Registered No. 4**
 City _____ **St.; _____ Ward)** **(If death occurred in a hospital or institution give its NAME instead of street and number.)**

2 FULL NAME James Milton Carner

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)** married

6 DATE OF BIRTH Nov. 12, 1843
 (Month) (Day) (Year)

7 AGE 76 yrs. 4 mos. 21 ds. **If LESS than 1 day,hrs. ormin.?**

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. Farmer 060
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Joe Carner

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Martha Crabtree

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Smith Carner
 (Address) Haydenburg

15 Filed 3-15-20 Patt Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 14, 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 21, 1920, to March 7, 1920,
 that I last saw him alive on March 14, 1920,
 and that death occurred, on the date stated above, at 6:30 P.M.

The CAUSE OF DEATH * was as follows:
Tubercular Bronchitis
following Bronchial Asthma
 (Duration) 3 yrs. mos. ds.
 Contributory nephritis & cystitis
 (SECONDARY) (Duration) + yrs. + mos. ds.
 (Signed) Frank B. Clark M. D.
March 15, 1920 (Address) Haydenburg

*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 Carver Home **DATE OF BURIAL** 3-15-20
20 UNDERTAKER Lon Witt **ADDRESS** Willette Tenn