

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. 6th
OR
Village Grawville
OR
City _____ No. _____ St.; _____ Ward _____

STATE OF TENNESSEE 181

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44405
Primary Registration District No. _____

File No. _____

Registered No. _____

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

2 FULL NAME James Hargis

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan. 15, 1837
(Month) (Day) (Year)

7 AGE 83 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) _____

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER William Hargis

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Catherine Bohannon

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] A. B. Hargis

[Address] _____

15 Filed _____ 1911 Lona McCallhenth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 20, 1920
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from March 12, 1920, to March 19, 1920 that I last saw him alive on March 12, 1920 and that death occurred, on the date stated above, at 10 A.M.
The CAUSE OF DEATH* was as follows:

Pneumonia
[Duration] _____ yrs. mos. ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. mos. ds.

Signed E. W. Thurman, M. D.
Address Grawville Tenn

* 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 R. L. Hargis DATE OF BURIAL Mar. 21, 1920

20 UNDERTAKER Wm. B. Bess ADDRESS Grawville