

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. No 108  
 Village \_\_\_\_\_  
 City \_\_\_\_\_

Registration District No. 44408

Primary Registration District No. \_\_\_\_\_

(No. \_\_\_\_\_ St.; Ward \_\_\_\_\_)

File No. 8

Registered No. \_\_\_\_\_

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

2 FULL NAME William Spivey

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Unknown  
 (Month) (Day) (Year)

7 AGE 69 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
Unknown yrs. mos. ds.

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

9 BIRTHPLACE Tenn  
 (State or country)

10 NAME OF FATHER James Spivey

11 BIRTHPLACE OF FATHER Tenn  
 [State or country]

12 MAIDEN NAME OF MOTHER Elizabeth Rigby

13 BIRTHPLACE OF MOTHER Tenn  
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Dr. R. C. Gaw  
 [Address] Gainesboro

15 Filed Apr. 5 1920 Mrs. J. M. Cason  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 28 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 19 1920 to Mar 24 1920, that I last saw him alive on Mar 25 1920 and that death occurred, on the date stated above, at 8 P. M

The CAUSE OF DEATH\* was as follows:  
Dysentery in the right colic region.  
 [Duration] 3 yrs. 4 mos. 19 ds.

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed R. C. Gaw M. D.  
Apr 5 1920 Address Gainesboro

\* 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 Whitbyville DATE OF BURIAL Mar. 30 1920

20 UNDERTAKER Claud Spivey ADDRESS Gainesboro