

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** 192  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

County Jackson  
 Civil Dist. # 3  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44403 File No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_ Registered No. 4

**2 FULL NAME** Francis Ambrose Dixon

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

**6 DATE OF BIRTH** Sept 27 1919  
(Month) (Day) (Year)

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

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

**9 BIRTHPLACE** (State or country) Tenn.

**10 NAME OF FATHER** Bradford Dixon  
**11 BIRTHPLACE OF FATHER** [State or country] Tenn.  
**12 MAIDEN NAME OF MOTHER** Blarra Richardson  
**13 BIRTHPLACE OF MOTHER** [State or country] Tenn.

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Mar - 31 1920  
[Month] [Day] [Year]

**17 I HEREBY CERTIFY, That I attended deceased from** Mar - 14 1920 to Mar - 30 1920  
 that I last saw him alive on Mar - 30, 1920  
 and that death occurred, on the date stated above, at \_\_\_\_\_ M.  
 The **CAUSE OF DEATH\*** was as follows: Pertussis

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed F. O. Cornwell M. D.  
Mar - 31, 1920 Address Greenwood

\* 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 \_\_\_\_\_

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 [Informant] J. S. McCarver  
 [Address] Hayden, Tenn.

**15** Filed Apr 2 1920 M. M. Owen REGISTRAR

**19 PLACE OF BURIAL OR REMOVAL** Leaslip ground cemetery **DATE OF BURIAL** Apr 3 1920  
**20 UNDERTAKER** Witt ADDRESS Witt