STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

193

1 PLACE OF DEATH

County Jackson

Civil Dist. 14 Registration District No. 44414 File No. ______

or

Village ______ Primary Registration District No. 14 Registered No. ______

or

City ______ (No. ______, ______ St.; ______ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Howard Cornwell

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: mail 4 COLOR OR RACE: White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): widower	16 DATE OF DEATH April (Month) 2 (Day), 1920 (Year)
6 DATE OF BIRTH Dont No (Month) ______ (Day), 1______ (Year)	17 I HEREBY CERTIFY, That I attended deceased from Dec. 1 1917, to April 1, 1920 that I last saw him alive on April 1, 1920 and that death occurred, on the date stated above, at ______ m.
7 AGE about 64 ______ yrs. ______ mos. ______ ds. If LESS than 1 day, ______ hrs. or ______ min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work: Runing Saw-mill (b) General nature of industry, business, or establishment in which employed (or employer): for self	Anemia falling, 82 Sciatica
9 BIRTHPLACE (State or country) Tenn	______ (Duration) ______ yrs. ______ mos. ______ ds.
PARENTS 10 NAME OF FATHER Willas Cornwell 11 BIRTHPLACE OF FATHER (State or country) Tenn 12 MAIDEN NAME OF MOTHER Mary McLane 13 BIRTHPLACE OF MOTHER (State or country) Tenn	Contributory (SECONDARY) ______ (Duration) ______ yrs. ______ mos. ______ ds. (Signed) ______, M. D. ______, 191___ (Address) ______ *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. C. Cornwell (Address) Defeated	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 ______
15 Filed May 1, 1920 J. Terry Roy REGISTRAR	19 PLACE OF BURIAL OR REMOVAL: Home — DATE OF BURIAL: April [illegible], 1920 20 UNDERTAKER ______ ADDRESS ______

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