

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 statements of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH		STATE OF TENNESSEE		194
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u># 4</u>		CERTIFICATE OF DEATH		File No. _____
Village _____		Registration District No. <u>44404</u>	Registered No. <u>51</u>	
City _____ (No. _____, St.; _____ Ward)				(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME <u>Sanders Sisco, Jr.</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Widowed</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>4</u> <u>3</u> <u>20</u> <small>(Month) (Day) (Year)</small>	
6 DATE OF BIRTH _____, <u>1874</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY That I attended deceased from <u>new York</u> , 191____, that I last saw him alive on <u>life</u> , 191____, and that death occurred, on the date stated above, at _____ m.	
7 AGE <u>96</u> yrs. _____ mos. _____ ds. <small>If LESS than 1 day, _____ hrs. or _____ min.?</small>			The CAUSE OF DEATH* was as follows: <u>Just seemed to die a death of old age gradually weakened away</u> _____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>	
8 OCCUPATION (a) Trade, profession, or particular kind of work: <u>old Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer): _____			Contributory _____ <small>(SECONDARY)</small> <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>	
9 BIRTHPLACE (State or country) <u>Tenn</u>			(Signed) <u>Patt Clark Sr reg</u> <u>4-3</u> <u>70</u> (Address) <u>Haydenburg</u>	
PARENTS	10 NAME OF FATHER <u>Sanders Sisco</u>	<small>*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.</small>		
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	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: _____		
	12 MAIDEN NAME OF MOTHER <u>Draper</u>	19 PLACE OF BURIAL OR REMOVAL <u>Sisco family</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	20 UNDERTAKER <u>Hugh Clark Oct</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>A. B. Sisco</u> (Address) <u>Haydenburg</u>			DATE OF BURIAL <u>4-3</u> <u>20</u> , 191____	
15 Filed <u>4-3-26</u> <u>Patt Clark</u> <small>REGISTRAR</small>			ADDRESS <u>Haydenburg</u>	