

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. No. 8.
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44, 408 File No. 11
 Primary Registration District No. _____ Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Amy Adorn

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 Apr 7 1919
 (Month) (Day) (Year)

7 AGE 6 mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Perry Adorn

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Lena King

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Scott Adorn
 [Address] Wainwright

15
 Filed Apr 11 1920 W. S. M. Co.
 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 8 1920
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191 to _____ 191, that I last saw ~~him~~ her alive on Apr 6, 1920, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows:
Intussusception of the bowel
 [Duration] _____ yrs. _____ mos. 6 ds.
 Contributory [SECONDARY] rickets
 [Duration] _____ yrs. _____ mos. _____ ds.
 Signed P. C. Law M. D.
Apr 30 1920 Address Wainwright

* 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 Pleasant Hill **DATE OF BURIAL** Apr 9 1920
20 UNDERTAKER Perry Adorn **ADDRESS** Wainwright