

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.

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

198

1 PLACE OF DEATH
County Jackson
Civil Dist. 13 Registration District No. 444/3 File No. _____
or Village _____ Primary Registration District No. 13 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 James Smith Carnahan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 22, 1889
(Month) (Day) (Year)

7 AGE 30 yrs. 10 mos. 29 ds. If LESS than 1 day, --- hrs. or --- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Wm. Carnahan

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 21, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1919, to April 20, 1920 that I last saw him alive on April 14, 1920 and that death occurred, on the date stated above, at 7⁰⁰ a.m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

Contributory (SECONDARY) _____ (Duration) --- yrs. --- mos. --- ds.

(Signed) J. D. Weaver, M. D.
4-22, 1920 (Address) Whitelyville, Tenn.

*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 30 yrs. 10 mos. 29 ds. In the 30 yrs. 20 mos. 29 ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL McCormick Cemetery DATE OF BURIAL 4-22-1920

20 UNDERTAKER None ADDRESS _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Lou. Hood
(Address) Whitelyville, Tenn.

15 Filed 4-22-20 J. D. Weaver REGISTRAR