

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**

County Jackson STATE BOARD OF HEALTH
 Bureau of Vital Statistics **200**
 Civil Dist. 3rd **CERTIFICATE OF DEATH**
 or Registration District No. 44402 File No. _____
 Village Hardenburg Primary Registration District No. _____ Registered No. 5
 or (No. _____, St.; _____ Ward)
 City _____

2 FULL NAME Lenora C. Sloan

[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 March 21 1919
(Month) (Day) (Year)

7 AGE 1 yrs. 1 mos. 9 ds. If LESS than 1 day, _____ hrs. or _____ min.?
or _____ min.?

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 Tenn
(State or country)

10 NAME OF FATHER Baxter Sloan

11 BIRTHPLACE OF FATHER Tenn
[State or country]

12 MAIDEN NAME OF MOTHER Queen Hardcastle

13 BIRTHPLACE OF MOTHER Tenn
[State or country]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 23 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 15 1920 to Apr 23 1920, that I last saw him alive on Apr 23 1920 and that death occurred, on the date stated above, at 9 P. M.
 The CAUSE OF DEATH* was as follows:
neurotonia following
ing Pertussis 9
[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.
 Signed F. V. Cornwell M. D.
1920 Address Wainsboro

* 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] Baxter Sloan
 [Address] Hardenburg Tenn

15 94
 Filed Apr 20 1920 M. H. Myers
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Camp Ground Cemetery **DATE OF BURIAL** Apr 24 1920

20 UNDERTAKER Tom Witt **ADDRESS** Willetts