

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 ? 207		
County <u>Jackson</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>First</u>			CERTIFICATE OF DEATH		
or Village _____			Registration District No. <u>441</u> File No. <u>10</u>		
or City <u>Gambro? No.</u>			Primary Registration District No. _____ Registered No. _____		
City _____ (No. _____ St.; _____ Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME <u>Pharis Pharris</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>married</u> (Write the word)	16 DATE OF DEATH <u>May 7, 1920</u> (Month) (Day) (Year)		
6 DATE OF BIRTH _____, _____, _____ (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>April 1st 1920, to May 1st, 1920,</u> that I last saw him alive on <u>May 1st, 1920</u> and that death occurred, on the date stated above, at <u>4 a.m.</u>		
7 AGE <u>66</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>Cor. dis. of K. r. i. s. e.</u> <u>90</u> _____ _____ _____ (Duration) _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>U. S. A.</u>			Contributory (secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (State or country)			(Signed) <u>Oliver J. ...</u> M. D. <u>1920</u> (Address) <u>Gambro?</u>		
10 NAME OF FATHER			*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
11 BIRTHPLACE OF FATHER (State or country)			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			19 PLACE OF BURIAL OR REMOVAL <u>Pharis Cemetery, May 9, 1920</u>		
13 BIRTHPLACE OF MOTHER (State or country)			DATE OF BURIAL <u>May 9, 1920</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____			20 UNDERTAKER <u>Chapman & Draper</u>		
15 Filed <u>June 1, 1920</u> <u>Mr. W. H. ...</u> REGISTRAR			ADDRESS <u>Gambro?</u>		