

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

1 PLACE OF DEATH			STATE OF TENNESSEE		219
County	Jackson		STATE BOARD OF HEALTH	Bureau of Vital Statistics	
Civil Dist.	1st	Registration District No.	441		File No. 10
Village	Gainsboro	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>James [unclear]</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH		
male	white		May 22, 1920 (Month) (Day) (Year)		
6 DATE OF BIRTH		7 AGE	17 I HEREBY CERTIFY, that I attended deceased from		
May 22, 1920 (Month) (Day) (Year)		_____ yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?	191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.		
8 OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work			starvation		
(b) General nature of industry, business, or establishment in which employed (or employer)					
9 BIRTHPLACE (State or country)			Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.		
Jackson T.			(Signed) <u>Wm. [unclear]</u> M. D. _____, 191____ (Address) _____		
PARENTS	10 NAME OF FATHER	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	Dan [unclear]	Miss [unclear]	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	12 MAIDEN NAME OF MOTHER	13 BIRTHPLACE OF MOTHER (State or country)	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 _____		
L. [unclear] Torman			19 PLACE OF BURIAL OR REMOVAL		
Jackson			DATE OF BURIAL		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Dad [unclear] May 27, 1920		
(Informant) _____			20 UNDERTAKER		
(Address) _____			ADDRESS		
15 Filed <u>Jan 9, 1921</u> <u>Mr. W. H. [unclear]</u> REGISTRAR			none		