

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. 13
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

225

CERTIFICATE OF DEATH

Registration District No. 44413
 Primary Registration District No. 13

File No. 66

Registered No. 66

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Phonias Woodrow Woods

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 Jan 10 1913
(Month) (Day) (Year)

7 AGE 5 yrs. 4 mos. 28 ds. or min.?
 If LESS than 1 day, ... hrs.

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Hattie Woods

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mary Ramsey

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J. B. Daniels
 [Address] Whitneyville, Tenn.

15 Filed 6-8 1920 J. B. Daniels
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6-8 1920
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 6-6 1920 to June 8 1920, that I last saw him live on June 8 1920 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Acute gastric enteritis
 [Duration] ... yrs. ... mos. 2 ds.

Contributory [SECONDARY] _____ [Duration] ... yrs. ... mos. ... ds.

Signed J. B. Daniels M. D.
6-8 1920 Address Whitneyville

* 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 5 yrs. 4 mos. 28 ds. In the 5 yrs. 4 mos. 28 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Bellamy Cemetery DATE OF BURIAL 6-8 1920

20 UNDERTAKER None ADDRESS _____