

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.

<b>1 PLACE OF DEATH</b>		<b>STATE OF TENNESSEE</b>		226
County <u>Sevier</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>14</u>		<b>CERTIFICATE OF DEATH</b>		File No. _____
or Village _____		Registration District No. <u>14444</u>		Registered No. _____
or City _____ (No. _____, _____ St.; _____ Ward)		Primary Registration District No. <u>14</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)
<b>2 FULL NAME <u>George Brown</u></b>				
<b>PERSONAL AND STATISTICAL PARTICULARS</b>			<b>MEDICAL CERTIFICATE OF DEATH</b>	
3 SEX <u>male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/> MARRIED	16 DATE OF DEATH <u>Jun 11, 1920</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Don't know</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>June 2, 1920</u> , to <u>June 11, 1920</u> that I last saw him alive on <u>June 7, 1920</u> and that death occurred, on the date stated above, at <u>3.4</u> a.m.	
7 AGE <u>About 60</u> yrs. mos. ds.			The CAUSE OF DEATH* was as follows: <u>Stomach Py. with Poison</u> <u>from Poison</u> <u>Labor Poisoner</u>	
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>Employer</u>			(Duration) yrs. mos. ds.	
9 BIRTHPLACE (State or country) <u>Ill</u>			Contributory (SECONDARY) _____ (Duration) yrs. mos. ds.	
<b>PARENTS</b>	10 NAME OF FATHER <u>Mary Brown</u>		(Signed) <u>Dr. Robinson</u> , M. D.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ill</u>		, 191 (Address) <u>DePaul</u>	
	12 MAIDEN NAME OF MOTHER <u>Don't know</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Don't know</u>		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) <u>Henry Brown</u>			19 PLACE OF BURIAL OR REMOVAL <u>Mt. Pleasant</u>	
(Address) <u>DePaul</u>			DATE OF BURIAL <u>June 12, 1920</u>	
15 Filed <u>June 20, 1920</u> <u>B. Brown</u> REGISTRAR			20 UNDERTAKER <u>John Witt</u>	
			ADDRESS <u>Witt</u>	