

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. No 15
 or
 Village _____
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

227

CERTIFICATE OF DEATH

Registration District No. 44 4/5
 Primary Registration District No. _____

File No. 15
 Registered No. _____

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

2 FULL NAME William Loftis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Aug 16 1838
(Month) (Day) (Year)

7 AGE 87 yrs., 1 mos., _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work German
 (b) General nature of industry, business, or establishment in which employed (or employer) 620

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Lebarn Loftis

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Sullie Balane

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Salafine Loftis
 (Address) Gainesboro

15 Filed July 10 1920 by Mrs. J. M. Gibson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 11 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 24 1920, to June 11 1920 that I last saw him alive on June 10 1920 and that death occurred, on the date stated above, at 4:30 p.m.

18 CAUSE OF DEATH was as follows:
Urinary Septicemia
133
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Leptitis
 (SECONDARY)
 (Signed) J. P. Lawrence M.D.
July 9 1920 (Address) Gainesboro

*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 _____

19 PLACE OF BURIAL OR REMOVAL Hall Cemetery DATE OF BURIAL May 25 1920

20 UNDERTAKER Dave Hall ADDRESS Gainesboro