

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.

STATE OF TENNESSEE 228
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 4 Registration District No. 442 File No. _____
 or Village _____ Primary Registration District No. _____ Registered No. 8
 or City _____ (No. _____, St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James K. Ellis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE WIDOWED, OR DIVORCED
Write the word

6 DATE OF BIRTH Sept 25, 1872
(Month) (Day) (Year)

7 AGE 47 9 28 If LESS than
yrs. mos. ds. 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Jamesboro¹⁰

PARENTS

10 NAME OF FATHER Thomas Ellis
 11 BIRTHPLACE OF FATHER (State or country) Jamesboro¹⁰
 12 MAIDEN NAME OF MOTHER Elizabeth Baly
 13 BIRTHPLACE OF MOTHER (State or country) Jamesboro¹⁰

14 THE ABOVE IS TRUE TO THE-BEST OF MY KNOWLEDGE
 (Informant) Wenas Strong
 (Address) Jamesboro

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
accident by falling tree
202
 _____ (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) A. J. Harris Reg. M. D. _____, 191____ (Address) _____

*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 newhope cemetery DATE OF BURIAL June 23, 1920
 20 UNDERTAKER Wenas Strong ADDRESS Jamesboro