

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.

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

1 PLACE OF DEATH
County Jackson
Civil Dist. No 2 Registration District No. 44402 File No. 18
or Village Hydenburg Primary Registration District No. _____ Registered No. 18
or City _____ (No. _____, St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Jones May L. Higgins

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male W</u>	4 COLOR OR RACE _____	5 SINGLE, <input checked="" type="checkbox"/> MARRIED, <input type="checkbox"/> WIDOWED, <input type="checkbox"/> OR DIVORCED <small>(Write the word)</small>	16 DATE OF DEATH <u>June 25, 1920</u> <small>(Month) (Day) (Year)</small>		
6 DATE OF BIRTH <u>June 25, 1920</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>June 25, 1920</u> to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.		
7 AGE _____ yrs. _____ mos. _____ ds. <small>IF LESS than 1 day, _____ hrs. of _____ min.?</small>			The CAUSE OF DEATH * was as follows: <u>Prolonged Labor which was complicated</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			_____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>		
9 BIRTHPLACE <small>(State or country)</small> <u>Tenn</u>			Contributory _____ <small>(SECONDARY)</small>		
PARENTS	10 NAME OF FATHER <u>Leslie Higgins</u>		_____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>		
	11 BIRTHPLACE OF FATHER <small>(State or country)</small> <u>Tenn</u>		(Signed) <u>F. O. Cornwell</u> M. D. <u>June 25, 1920</u> (Address) <u>Gainesboro</u>		
	12 MAIDEN NAME OF MOTHER <u>Hattie Long</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	13 BIRTHPLACE OF MOTHER <small>(State or country)</small> <u>Tenn</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) _____ (Address) _____			19 PLACE OF BURIAL OR REMOVAL <u>Long Grove just</u> DATE OF BURIAL <u>June 26, 1920</u>		
15 Filed <u>Aug 10, 1920</u> <u>Along McBanck</u> REGISTERED <u>See Perkins Hydenburg</u>			20 UNDERTAKER <u>See Perkins Hydenburg</u> ADDRESS _____		