

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. 9 Registration District No. 44408 File No. 6

Village _____ Primary Registration District No. _____ Registered No. 6

City _____ (Not _____ St.; _____ Ward)

2 FULL NAME Pierce Melvin Loftis

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

STATE OF TENNESSEE 287

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

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 Sept. 17, 1867
(Month) (Day) (Year)

7 AGE 52 yrs. 10 mos. 11 ds. If LESS than 1 day, ---hrs. or ---min.?

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

9 BIRTHPLACE (State or country) Jackson co

10 NAME OF FATHER John P. Loftis

11 BIRTHPLACE OF FATHER (State or country) Jackson co

12 MAIDEN NAME OF MOTHER America Loftis

13 BIRTHPLACE OF MOTHER (State or country) Jackson co

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 28, 1912
(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:
Just in time to see him alive. and the cause was chest of Surgt. 1070

(Duration)-----yrs.-----mos.-----ds.

Contributory _____
(SECONDARY) _____
(Duration)-----yrs.-----mos.-----ds.

(Signed) N. M. McCain, M. D.
_____, 191____ (Address) Sainsboro

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Melvin Loftis
(Address) Sainsboro R1

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 15 yrs. _____ mos. _____ ds. In the 52 yrs. _____ mos. _____ ds. State _____
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

15 Filed and 5 _____ 1912 A. M. Ballard
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Hentley cemetery DATE OF BURIAL _____, 191____

20 UNDERTAKER Friends ADDRESS _____