

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		STATE OF TENNESSEE		242
County <u>Jackson</u>		STATE BOARD OF HEALTH		
Civil Dist. <u>No 15</u>		Bureau of Vital Statistics		
or Village _____		CERTIFICATE OF DEATH		
or City _____ (No. _____ St.; _____ Ward)		Registration District No. _____	File No. _____	
		Primary Registration District No. _____	Registered No. _____	
[If death occurred in a hospital or institution, give its NAME instead of street and number.]				
2 FULL NAME <u>Henry Bailey</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Aug 5, 1920</u> (Month) (Day) (Year)	
6 DATE OF BIRTH _____ (Month) (Day) (Year)			17 I HEREBY CERTIFY that I attended deceased from <u>July 18, 1920</u> to <u>Aug 4, 1920</u> that I last saw him alive on <u>Aug 4, 1920</u> and that death occurred, on the date stated above, at <u>12 m.</u>	
7 AGE <u>69</u> yrs. _____ mos. _____ ds.			The CAUSE OF DEATH * was as follows: <u>Primary Septicemia</u> <u>135</u>	
8 OCCUPATION (a) Trade, profession, particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>000</u>			Duration _____ yrs. _____ mos. <u>17</u> ds.	
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Contributory (SECONDARY) <u>Prostatitis</u>	
PARENTS	10 NAME OF FATHER <u>Rhulin Bailey</u>		(Signed) <u>W. H. ...</u> M. D. <u>Sept 3, 1920</u> (Address) <u>...</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>va.</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	12 MAIDEN NAME OF MOTHER <u>Rhoda Crowder</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.	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>		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>Water Bailey</u> (Address) <u>Sainsboro</u>				
15 Filed <u>Sept 9, 1920</u> <u>...</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Ray cemetery</u>	
			DATE OF BURIAL <u>Aug 6, 1920</u>	
			20 UNDERTAKER <u>Red Bailey Sainsboro</u>	
			ADDRESS <u>...</u>	