

MARGIN RESERVED FOR BINDING
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.

STATE OF TENNESSEE 250
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. first Registration District No. 441 File No. 16
or Village Gainesboro Primary Registration District No. 144 Registered No. _____
or City _____ (No. _____) St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jessie May Boyer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____
6 DATE OF BIRTH May 20, 1919
(Month) (Day) (Year)
7 AGE one 3 5 If LESS than 1 day, ---hrs. or ---min.?
yrs. mos. ds.
8 OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
9 BIRTHPLACE (State or country) Gainesboro
10 NAME OF FATHER Sam Boyer
11 BIRTHPLACE OF FATHER (State or country) Jackson Co
12 MAIDEN NAME OF MOTHER Annie May Scott
13 BIRTHPLACE OF MOTHER (State or country) Jackson Co
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nancy Jarman
(Address) Gainesboro
15 Filed Sept 4 1920 one M H Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 25, 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:
Pneumonia Bronch
1000

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory _____
(SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) _____, 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 _____ DATE OF BURIAL _____
20 UNDERTAKER Boyer and Sons Gainesboro ADDRESS _____