

WRITE PLAIN INK 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. 4  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

257

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

Registration District No. 442 File No. \_\_\_\_\_Primary Registration District No. \_\_\_\_\_ Registered No. 10

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

2 FULL NAME Finley Hawkens

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED  
 SINGLE,  MARRIED,  WIDOWED,  DIVORCED  
 (Write the word)

6 DATE OF BIRTH Sept 10, 1910  
 (Month) (Day) (Year)

7 AGE 10 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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) Jamesboro

10 NAME OF FATHER Sam Hawkens

11 BIRTHPLACE OF FATHER (State or country) Jamesboro

12 MAIDEN NAME OF MOTHER Ann Smith

13 BIRTHPLACE OF MOTHER (State or country) Jamesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) asa Jeff(Address) Jamesboro

15

Filed Dec 20, 1920 A J Harris  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 10, 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 9, 1920, to Sept 10, 1920, that I last saw him alive on Sept 8, 1920, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows:  
Perforated appendix  
117  
 \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) C. E. Reese, M. D.  
Secord, 1920 (Address) Jamesboro

\*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 Wagonston DATE OF BURIAL Sept 9, 1920

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_