

## 1 PLACE OF DEATH

County Jackson TennCivil Dist. No 2OR  
Village HaydenburgOR  
City RHP (No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

269

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 44402File No. 222Primary Registration District No. no 2Registered No. 22[If death occurred in a  
hospital or institution,  
give its NAME instead of  
street and number.]2 FULL NAME James H. Stephens

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH Oct 11 1873  
(Month) (Day) (Year)7 AGE 47 yrs. 10 mos. 27 ds. If LESS than 1 day..... hrs. or min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer General  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER William Stephens11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Rebecca Finch13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15

Filed Oct 11 1920George M. Cawley  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 10 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191\* to \_\_\_\_\_, 191\*.

that I last saw him alive on \_\_\_\_\_, 191\*.

and that death occurred, on the date stated above, at \_\_\_\_\_ M.

The CAUSE OF DEATH\* was as follows: 78Epilepsy or Fits  
and without medical  
attention so performed  
by his brother-in-law  
[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 1920Richmond Heath Oct 11 191\*  
20 UNDERTAKER ADDRESSRobert Carter Haydenburg TennR22MARGIN 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.