

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
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

279

1 PLACE OF DEATH
County Jackson
Civil Dist. 12 Registration District No. 44412 File No. 12
or Village Mayfield Primary Registration District No. 15 Registered No. 12
or City _____ (No. _____, _____ St.; _____ Ward)
2 FULL NAME Marline Young
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
6 DATE OF BIRTH June 28, 1892
(Month) (Day) (Year)
7 AGE 28 4 4 If LESS than 1 day, ---hrs. or ---min.?
-----yrs.-----mos.-----ds.
8 OCCUPATION Farm Hand
(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) Jackson Co Tenn
10 NAME OF FATHER Thames Young
11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn
12 MAIDEN NAME OF MOTHER Julia A Heat
13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Kereen Guyton
(Address) Ganesbaro Tenn
15 Filed Nov 3, 1920 J. H. Bellingham REGISTRAR
Ganesbaro Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28, 1920
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1920, to Oct 28, 1920,
that I last saw him alive on Oct 28, 1920,
and that death occurred, on the date stated above, at 6 P.M.
The CAUSE OF DEATH* was as follows:
Gum Shot Wound, it was a case of Murder
11 1/2
(Duration)-----yrs.-----mos.-----ds.
Contributory (SECONDARY) _____
(Duration)-----yrs.-----mos.-----ds.
Dr. B. Fowler & Millitous
(Signed) _____ M. D.
Filed Nov 3, 1920 Ganesbaro Tenn
(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 Youngs cemetery DATE OF BURIAL Oct 30, 1920
20 UNDERTAKER J. H. Pappin ADDRESS Bloomington Tenn
R.H.T.