

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		284
County <u>Madison</u>	Civil Dist. <u>No. 8</u>	Registration District No. <u>44408</u>	File No. <u>23</u>	
Village _____	City _____ (No. _____ St.; _____ Ward)	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>Harvey J. Long</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M.</u>	4 COLOR OR RACE <u>M.</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	16 DATE OF DEATH <u>Nov 4, 1920</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>July 8, 1849</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Oct 24, 1920</u> , to <u>Nov 4, 1920</u> , that I last saw him alive on <u>Nov 4, 1920</u> , and that death occurred, on the date stated above, at <u>11</u> a.m.	
7 AGE <u>71</u> yrs. <u>4</u> mos. <u>19</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?			The CAUSE OF DEATH* was as follows: <u>Carcinoma of the Stomach</u> 44	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer.</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) <u>15</u> yrs. ____ mos. ____ ds.	
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Contributory (secondary) _____ (Duration) ____ yrs. ____ mos. ____ ds.	
PARENTS	10 NAME OF FATHER <u>Levis Long</u>		(Signed) <u>J. C. [Signature]</u> , M. D.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>		<u>11-8, 1920</u> (Address) <u>Jamesboro, Tenn.</u>	
	12 MAIDEN NAME OF MOTHER <u>Mary Carmack</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</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. 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>E. H. Bull</u> (Address) <u>Jamesboro</u>				
15 Filed <u>Oct 24, 1920</u> <u>[Signature]</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Jamesboro</u>	
			DATE OF BURIAL <u>Nov 5, 1920</u>	
			20 UNDERTAKER <u>E. H. Bull</u>	
			ADDRESS <u>Jamesboro</u>	