

1 PLACE OF DEATH

County Jackson
 Civil Dist. no 2
 OR
 Village Haydenburg
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

285

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44402
 Primary Registration District No. 2

File No. 24
 Registered No. 24

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

2 FULL NAME Mountain H. McCoiss

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 17 1848
 (Month) (Day) (Year)

7 AGE 72 yrs. 5 mos. 16 ds. If LESS than 1 day, ... hrs. or min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Farmer
 (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 Lorn McCoiss

11 BIRTHPLACE OF FATHER [State or country] Tenn. Jackson Co

12 MAIDEN NAME OF MOTHER Deby Sloan

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15

Filed no 6 1920 Stoups REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5 1920
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 5 1920 to Nov 5 1920 (that I last saw him alive on Nov 5 1920)

and that death occurred, on the date stated above, at 4 PM,

The CAUSE OF DEATH* was as follows:

By a falling limb and crushed level lived about 3 or 4 hours

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed Charles E. Reeves M. D.

Nov 6 1920 Address Hainesboro

* 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 Nov 7 1920

Jones Grave yard

20 UNDERTAKER

ADDRESS

Joe Sloan Haydenburg Tenn

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.