

## 1 PLACE OF DEATH

County Jackson,Civil Dist. #12,or  
Village \_\_\_\_\_or  
City Bloomington Springs (No. R. #1,

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 44412Primary Registration District No. 12

St.; \_\_\_\_\_ Ward)

289

File No. 15Registered No. 15

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

2 FULL NAME Willis Terry Jackson,

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single6 DATE OF BIRTH February 15, 1902  
(Month) (Day) (Year)7 AGE 18 yrs. 9 mos. 10 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) Putnan Co. Tenn.10 NAME OF FATHER S. R. Jackson,11 BIRTHPLACE OF FATHER (State or country) Jackson Co. Tenn.12 MAIDEN NAME OF MOTHER H. V. Pippin,13 BIRTHPLACE OF MOTHER (State or country) Jackson Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. R. Jackson,(Address) Bloomington Springs, Tenn.15 Filed Dec 1, 1920 Jno B. Billingsley REGISTRAR  
Ganellhara

Form V. S. No. 4-25M.

\* FOSTER &amp; FOSTER CO., NASHVILLE

Hem K #8

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 25, 1920  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov. 9th 1920, to Nov. 24, 1920,  
that I last saw him alive on Nov 24th, 1920  
and that death occurred, on the date stated above, at 5 Am.

The CAUSE OF DEATH\* was as follows:

Typeoid Fever,Contributory Intestinal hemorrhage  
(SECONDARY)(Duration) ---- yrs. ---- mos. ---- ds. 1  
(Signed) J. MacWhorter, M. D.  
191 ---- (Address) Bloomington,

\*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

Jackson Grave lot

DATE OF BURIAL

Nov 25, 1920

20 UNDERTAKER

Non,

ADDRESS

MARGIN 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.