

MAGIN RESERVED FOR BLINDING

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

County Jackson
 Civil Dist. Clarith
 OR
 Village Hillsboro B.H. 1
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. _____
 Primary Registration District No. _____

File No. 293

Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Vanis Strong

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 April 4th 1893
 (Month) (Day) (Year)

7 AGE 27 yrs. 9 mos. 8 ds. If LESS than 1 day, X hrs. or X min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work farmer
 (b) General nature of industry, business, or establishment in which employed (or employee) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Stew Strong

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Polly Ann Flynn

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mary Strong
 [Address] Hillsboro Tenn

15 Filed 3/11/21 A. J. Pharris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 9 1921
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 3-18 1920 to 9-5 1920, that I last saw living on 9-5 1920 and that death occurred, on the date stated above, at 300 W. The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed W. M. Brown M. D.
2-19 1921 Address Hillsboro Tenn

* 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 Academy Cem. DATE OF BURIAL 1-10-21

20 UNDERTAKER W. G. Strong ADDRESS Hillsboro Tenn