

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.

1 PLACE OF DEATH
County Jackson
Civil Dist. #4
OR
Village
OR
City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. H4404
Primary Registration District No.

File No. 7295

Registered No. 2

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

2 FULL NAME Bryan Rain

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH not known 1913
(Month) (Day) (Year)

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

8 OCCUPATION
(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) Tenn

10 NAME OF FATHER Clay Rain

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Willie Woods

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Clay Rain

[Address] Haydenburg

15 Filed 2-9-21 Patt Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 15 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1921 to Jan 19 1921, that I last saw him alive on Jan 15 1921 and that death occurred, on the date stated above, at 1 P M

The CAUSE OF DEATH* was as follows:
Inflammation of Brain

[Duration] yrs. mos. ds. 129

Contributory Wrenn's Prison
[SECONDARY]

[Duration] yrs. mos. ds.

Signed Frank B Black M. D.
Feb. 9 1921 Address Haydenburg

* 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 Croftree Home DATE OF BURIAL Jan 16 1921

20 UNDERTAKER B P Clark ADDRESS Whellupines