

MARGIN RESERVED FOR BINDING 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. 3rd  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44403  
 Primary Registration District No. \_\_\_\_\_

File No. 299  
 Registered No. 20

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

2 FULL NAME Uriah Lee

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>July 16 - 1840</u> <u>Jan 24 - 1921</u> (Month) (Day) (Year)		
7 AGE <u>80</u> yrs. <u>4</u> mos. <u>8</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farm work.</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Tennessee.</u>		
PARENTS	10 NAME OF FATHER <u>James Lee</u>	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tennessee.</u>	
	12 MAIDEN NAME OF MOTHER <u>Calley. Basham.</u>	
	13 BIRTHPLACE OF MOTHER [State or country] <u>Tennessee.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 24, 1921  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan. 11 - 1921 to Jan. 17, 1921, that I last saw him alive on Jan. 17 - 1921 and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:  
Arterio Sclerosis. 916

Contributory [SECONDARY] \_\_\_\_\_ [Duration] yrs. mos. ds.

Signed J. D. Duncanson, M. D.  
Dec. 14, 1921 Address Whitelyville

\* 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 \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Serelda Lee  
 [Address] Haydenburg Tenn

15 Filed Jan 25 1921 M. H. Dycus REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Minchey S. yard DATE OF BURIAL Jan 25 1921  
 20 UNDERTAKER Lois Witt Willetta Tenn ADDRESS \_\_\_\_\_