

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. # 3
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 4440 3
 Primary Registration District No. _____

File No. 301

Registered No. 4

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

2 FULL NAME Miles M. Davenport

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 Dec. 1 1847
 (Month) (Day) (Year)

7 AGE 73 yrs. 1 mos. 24 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) 000

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Joseph M. Davenport

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER Elizabeth Huffines

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Joe Davenport [Address] Hagerberg Tenn.

15 Filed Jan 21 1928 M. H. Dycus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 25 1928
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan. 15 1928 to Jan. 24 1928, that I last saw him alive on Jan. 21 1928 and that death occurred, on the date stated above, at 8 P. M.

The CAUSE OF DEATH was as follows:
Tuberculosis of lungs
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed A. G. Kirby M. D. by authority of Dr. Kirby Jan. 25 1928 Address Weyburn 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 3rd Dist. Jackson Co. DATE OF BURIAL 1-27

20 UNDERTAKER Len Witt Willette ADDRESS Tenn.