

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.

STATE OF TENNESSEE  
 STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

989

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. 13  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44413  
 Primary Registration District No. 13

File No. 7316  
 Registered No. 73

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

2 FULL NAME James Henry Lee

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 2 1867  
 (Month) (Day) (Year)

7 AGE 53 yrs. 10 mos. 17 ds.  
 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Farmer - 000  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Gate Lee

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Sarah Dardy

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] H. L. Lee  
 [Address] Haydenburg

15 Filed Mar 10 1921 J. P. Quales  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 14 21  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan - 3 - 1921 to Feb - 12 - 1921, that I last saw him alive on Feb - 12 - 1921 and that death occurred, on the date stated above, at 4:48 P. M.  
 The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed F. B. Clark M. D.  
Mar 10 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 53 yrs. 10 mos. 17 ds. In the State 53 yrs. 10 mos. 17 ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL H. L. Lee - County DATE OF BURIAL Feb - 20 1921

20 UNDERTAKER None ADDRESS \_\_\_\_\_