

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. No 1
 or Village _____
 or City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 441 File No. 329
 Primary Registration District No. 44101 Registered No. _____

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

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 _____ 1 _____
(Month) (Day) (Year)

7 AGE 55 If LESS than 1 day, _____ hrs. or _____ min.?
.....yrs.mos.ds.

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Henderson Young

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mary Jourman

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) _____
 (Address) _____

15 Filed May 15, 1921 Mrs M H Dille REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 15, 1920, to March 8, 1921, that I last saw him alive on March 8, 1921, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:
Pericarditis Acutia 58a

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Ross G. Dew M. D.
May 5, 1921 (Address) Gaimston, 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 Gr Cemetery DATE OF BURIAL March 9, 1921

20 UNDERTAKER Drapers Draper Gaimston Tenn ADDRESS _____