

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 Jackson STATE OF TENNESSEE
 County Jackson STATE BOARD OF HEALTH
 Civil Dist No. 1. Bureau of Vital Statistics
 or Registration District No. 441 CERTIFICATE OF DEATH
 Village _____ Primary Registration District No. 44601 File No. 3354
 or City _____ (No. _____) St.; _____ Ward Registered No. _____
 2 FULL NAME Logan Mabry [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 _____ 1849
 (Month) (Day) (Year)

7 AGE 82 If LESS than 1 day, _____ hrs. or _____ min.?
 _____ yrs. _____ mos. _____ ds.

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

9 BIRTHPLACE Tenn
 (State or country)

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER ?
 (State or country)

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER ?
 (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 76, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1927, to March 76, 1927, that I last saw him alive on March 75, 1927, and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
Ha

(Duration) _____ yrs. _____ mos. 9 ds.

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

(Signed) Rossell B. Law M. D.
Apr 5, 1927 (Address) Jamesboro Tenn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

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 _____

15 Filed Apr 8, 1927 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Jamesboro Cemetery DATE OF BURIAL March 27, 1927

20 UNDERTAKER None ADDRESS _____