

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 Near Gainesboro
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 441
 Primary Registration District No. 44604

File No. 7350

Registered No. _____

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

2 FULL NAME Martin Vanburnie Jones

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 June 28, 1924
(Month) (Day) (Year)

7 AGE 46 yrs. 10 mos. 14 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) Jackson Co

10 NAME OF FATHER Carrel Jones

11 BIRTHPLACE OF FATHER (State or country) Scott Kenow

12 MAIDEN NAME OF MOTHER Martha Belle

13 BIRTHPLACE OF MOTHER (State or country) Scott Kenow

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. O. Tate
 (Address) Jacksonville Tenn

15 13 O. S. Hadley Street
 Filed May 7, 1921 Mrs. M. H. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16-DATE OF DEATH May 6, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May April 26, 1921, to May 5, 1921, that I last saw him alive on May 5, 1921, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
101a

Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) Henry P. Dyer, M. D.
May 6, 1921 (Address) Gainesboro

*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 _____ DATE OF BURIAL May 8, 1921

20 UNDERTAKER _____ ADDRESS _____