

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 9

Village _____

City _____

Registration District No. 111109

Primary Registration District No. _____

(No. _____, _____ St.; _____ Ward)

File No. 8363Registered No. 8

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

2 FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH June 18 1921
(Month) (Day) (Year)7 AGE Stillborn If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. ds.8 OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson co10 NAME OF FATHER Robert Cooper11 BIRTHPLACE OF FATHER (State or country) Jackson co12 MAIDEN NAME OF MOTHER Arizona Mabery13 BIRTHPLACE OF MOTHER (State or country) Jackson co14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____15 Filed June 18 1921 A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Still Born 191____
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____, that I last saw h_____ alive on _____ 191____, and that death occurred, on the date stated above, at _____ M
The CAUSE OF DEATH* was as follows: SContributory [SECONDARY] _____
[Duration] yrs. mos. ds.Signed P. C. Gow M. D.
June 18, 1921 Address Somerboro

* 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 Smiths Chapel DATE OF BURIAL June 19 1921
20 UNDERTAKER Friends ADDRESS _____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.