

## STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. 6thOR  
Village Hillman R#1OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. \_\_\_\_\_

Primary Registration District No. 442File No. 377Registered No. 8

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

2 FULL NAME Sam Young

## 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 22 (Month) 6 (Day) 1865 (Year)7 AGE 55 yrs. 8 mos. 15 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) OOD9 BIRTHPLACE (State or country) Texas10 NAME OF FATHER Joshua Young

11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_

12 MAIDEN NAME OF MOTHER Mary Johnston

13 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Wm Postor[Address] Hillman R#1

15

Filed Nov 1921 at Shannon REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 (Month) 21 (Day) 1921 (Year)17 I HEREBY CERTIFY, That I attended deceased from 8-17 1920 to 7-24 1921, that I last saw him alive on 7-21 1921 and that death occurred, on the date stated above, at 10:00 P.M.  
The CAUSE OF DEATH\* was as follows: Indolent Nephritis

Contributory (SECONDARY) \_\_\_\_\_ [Duration] yrs. mos. ds.

Signed W. M. Brown M. D.8-31 1921 Address Hillman, Tex

\* 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

New Hope Cem 8-22 1921

20 UNDERTAKER ADDRESS

Alva West Hillman, Tex

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.