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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

D 4

1 PLACE OF DEATH

County Jackson

Civil Dist. 4 or Village or City (No. , St.; Ward)

Registration District No.

Primary Registration District No. 442

File No. 384

Registered No. 9

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

2 FULL NAME John Barlow

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: Male	16 DATE OF DEATH: 9 (Month) 16 (Day), 1921 (Year)
4 COLOR OR RACE: white	
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):	
6 DATE OF BIRTH: 7 (Month) 3 (Day), 1921 (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.
7 AGE: -- yrs. mos. ds. If LESS than 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows: 2056 / No Dr. (Duration) yrs. mos. ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Secondary) (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country): Gainesboro	(Signed) A J Harris, M. D.
10 NAME OF FATHER: Walter Barlow	, 191 (Address)
11 BIRTHPLACE OF FATHER (State or country): Gainesboro	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER: Matty Phillips	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.
13 BIRTHPLACE OF MOTHER (State or country): Gainesboro	Where was disease contracted, if not at place of death? Former or usual residence
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W Harris (Address) Gainesboro	19 PLACE OF BURIAL OR REMOVAL: Antyoch — DATE OF BURIAL: 9 4 1921
15 Filed Dec 7, 1921 A J Harris, REGISTRAR	20 UNDERTAKER: W Barlow — ADDRESS

Form V. S. No. 4—100M   FOSTER & PARKES CO., NASHVILLE