

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. 5
or
Village Granville
or
City (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44405
Primary Registration District No. _____

File No. 408
Registered No. _____

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

2 FULL NAME Jno H Dixon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE Wht 5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH _____ 1 _____
(Month) (Day) (Year)
7 AGE about 1 1/2 years old If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Dean Dixon

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Angie Skinnemohn

13 BIRTHPLACE OF MOTHER (State or country) Putnam Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____

15 Filed Nov 6 21 W F McAdue
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 5 1921
[Month] [Day] [Year]
17 I HEREBY CERTIFY, That I attended deceased from Y 191, to Y 191, that I last saw h. alive on Y 191, and that death occurred, on the date stated above, at _____ M
The CAUSE OF DEATH* was as follows:

2056
no medical attention

[Duration] yrs. mos. ds.
Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.

Signed _____ M. D.
_____, 191____ Address _____

* 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 Near Granville DATE OF BURIAL Nov 6 1921

20 UNDERTAKER Williamson Bros ADDRESS Granville