

MARGIN RESERVED FOR BINDING OF
 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.

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. No. 15
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

Registration District No. _____
 Primary Registration District No. _____
 File No. 1020
 Registered No. _____

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

2 FULL NAME Waldon Jesse Perry

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH _____, _____, 19____ (Month) (Day) (Year)		
7 AGE <u>75</u> yrs. <u>10</u> mos. <u>8</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer - 000</u> (b) General nature of industry, business, or establishment in which employed (or employer).		
9 BIRTHPLACE (State or country) <u>Tenn.</u>		
10 NAME OF FATHER <u>Emm Perry</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>		
12 MAIDEN NAME OF MOTHER <u>Gertha Chapman</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 30, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 21, 1921 to Nov 29, 1921, that I last saw him alive on Nov 29, 1921, and that death occurred, on the date stated above, at 11 P. M.

The CAUSE OF DEATH* was as follows:
carcinoma of the transverse colon.
45
 [Duration] 1 yrs. 7 mos. 2 ds.

Contributor [SECONDARY] Acemia
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed Russell E. Saw M. D.
Dec. 7, 1921. Address Chambers, Tenn.

* 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____
 [Address] _____

15
 Filed _____ at _____
no to y baron
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL <u>Halls Crossford</u>	DATE OF BURIAL <u>Dec 1</u> , 19 <u>21</u>
20 UNDERTAKER <u>None</u>	ADDRESS