

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. H H
OR
Village _____
OR
City _____

Registration District No. 44404
Primary Registration District No. _____

File No. 424
Registered No. 11

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

2 FULL NAME Henderson Clemons Hix (No. _____ St. _____ Ward _____)

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 Nov 16 1855
(Month) (Day) (Year)

7 AGE 66 yrs. 1 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Farmer 000
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Tenn
(State or country)

10 NAME OF FATHER Louis Hix

11 BIRTHPLACE OF FATHER Tenn
(State or country)

12 MAIDEN NAME OF MOTHER Judie Lee

13 BIRTHPLACE OF MOTHER not known
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Bill Hix

[Address] Whitleyville

15 Filed 12-23 21 [Address] Patt Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 22 21
(Month) (Day) (Year)

I HEREBY CERTIFY That I attended deceased from Nov 15 1921 to Dec 22 1921, that I last saw him alive on Dec 22 1921, and that death occurred, on the date stated above, at 12:15 PM

THE CAUSE OF DEATH was as follows:
Chronic Bright's Disease
(Chronic Interstitial Nephritis)

[Duration] 10 yrs. 129 ds.

Contributory [SECONDARY] Cardiovascular Insufficiency
[Duration] 3 yrs. _____ mos. _____ ds.

Signed Roanoke G. Law M. D.
Dec 30 1921 Address Jamesboro 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 _____

19 PLACE OF BURIAL OR REMOVAL at home DATE OF BURIAL 12-23 21

20 UNDERTAKER Lou Witt ADDRESS Whitleyville

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.