

WRITE PLAIN - 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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

County Jackson

Civil Dist. 4

Village _____

City _____ (No. _____, St.; _____ Ward)

Registration District No. _____

Primary Registration District No. 442

File No. 429

Registered No. 18

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

2 FULL NAME unnamed Carlisle

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

16 DATE OF DEATH _____, 1911
(Month) (Day) (Year)

6 DATE OF BIRTH Stinson Ga 11, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1911, to _____, 1911,

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

that I last saw h_____ alive on _____, 1911, and that death occurred, on the date stated above, at _____ m.

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

The CAUSE OF DEATH* was as follows: S

9 BIRTHPLACE (State or country) _____

_____. (Duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER Oliver Carlisle

Contributory (secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

11 BIRTHPLACE OF FATHER (State or country) Gainesboro

(Signed) _____, M. D.

12 MAIDEN NAME OF MOTHER Paige Houston

_____, 1911 (Address) _____

13 BIRTHPLACE OF MOTHER (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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(Informant) Oliver Carlisle

Where was disease contracted, if not at place of death? _____ Former or usual residence _____

(Address) Gainesboro

19 PLACE OF BURIAL OR REMOVAL Ga country DATE OF BURIAL Dec 12, 1911

15 _____

20 UNDERTAKER Geo L... ADDRESS _____

Filed Dec 12, 1911 A. J. Oliver REGISTRAR