

WHILE 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. \_\_\_\_\_  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

Registration District No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_

File No. 290  
 Registered No. \_\_\_\_\_

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

2 FULL NAME Will Lynn

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept- 30 1842  
(Month) (Day) (Year)

7 AGE 79 3 13  
Yrs. mos. ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE Jackson Co  
(State or country)

10 NAME OF FATHER David Lynn

11 BIRTHPLACE OF FATHER Overton Co  
[State or country]

12 MAIDEN NAME OF MOTHER Elizabeth Johnston

13 BIRTHPLACE OF MOTHER Jackson Co  
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Mc Hensley  
 [Address] Cookeville P. 8

15 Filed Jan 13 1912 G. M. Ballard  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 12 1912  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 191\_\_\_\_ to \_\_\_\_\_ 191\_\_\_\_  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_ M  
 and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:  
no aid in attend  
cause unknown 129  
[Duration] yrs. mos. ds.

Contributory Substernal Nephritis  
[SECONDARY] [Duration] yrs. mos. ds.  
 Signed G. M. Pearson M. D.  
2-3 19122 Address Nicholson St.

\* 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 15 yrs. 00 mos. 00 ds. In the all his life State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Overton Cemetery DATE OF BURIAL Jan 13 1912  
 20 UNDERTAKER Friends ADDRESS 722