

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. #1 Registration District No. 441 File No. 318
 or Village Gainesboro Primary Registration District No. 44401 Registered No. _____
 or City _____ (No. _____, St.; _____ Ward)
2 FULL NAME John Newman (Died in poor house)

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male. **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** don't know
(Write the word)

6 DATE OF BIRTH don't know
(Month) (Day) (Year)

7 AGE 87 he said he was **If LESS than 1 day,.....hrs. or.....min.?**
.....yrs.....mos.....ds.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work don't know
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) don't know

PARENTS

10 NAME OF FATHER don't know

11 BIRTHPLACE OF FATHER (State or country) don't know

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (State or country) don't know

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March - 6, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from See him only 104, to March 2, 1922,
 that I last saw him alive on March 2, 1922,
 and that death occurred, on the date stated above, at 5:30 am.

The CAUSE OF DEATH* was as follows: Hemiplegia. (Paralysis) 75a

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

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

(Signed) Henry P. Loftis, M. D.
 _____, 191____ (Address) 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

(Informant) D. P. Aderson
Poor house keeper
 (Address) Gainesboro Tenn

15 Filed March 7, 1922 Mr. W. H. Settle
REGISTRAR

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 County cemetery **DATE OF BURIAL** March 7, 1922

20 UNDERTAKER _____ **ADDRESS** _____