

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. 8
 OR
 Village _____
 OR
 City _____ (No. _____, St.; Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44405
 Primary Registration District No. _____

File No. 4
 Registered No. _____

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

2 FULL NAME James Scotland

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 68 yrs. 4 mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Gen

10 NAME OF FATHER Reilly Scotland

11 BIRTHPLACE OF FATHER [State or country] Gen

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER [State or country] money Hall

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Jessie Adams

[Address] Waverly

15 Filed Apr 1922 M. S. M. Cannon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15, 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191____ to _____, 191____, that I last saw h_____ alive on _____, 191____

and that death occurred, on the date stated above, at _____ M
 The CAUSE OF DEATH* was as follows: 116

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed R. C. Barr M. D.
Apr 1922 Address Waverly

* 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 Pleasant Hill DATE OF BURIAL Apr 16 1922

20 UNDERTAKER _____ ADDRESS _____