

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. 5  
 OR  
 Village Granville  
 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. 327  
 Registered No. 21

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

2 FULL NAME Paul Dixon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  
 6 DATE OF BIRTH Mch 15 1919  
 (Month) (Day) (Year)

7 AGE 3 yrs 10 mos 1 da If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Oscar Dixon

11 BIRTHPLACE OF FATHER (State or country) Jackson

12 MAIDEN NAME OF MOTHER Elizabeth Green

13 BIRTHPLACE OF MOTHER (State or country) Warren Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] A. A. Huff  
 [Address] Granville

15 Filed 4-8-22 by W. F. Madamy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mch 25 1922  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mch 25 1922 to Mch 25 1922 that I last saw him alive on Mch 25 1922 and that death occurred, on the date stated above, at 3 P. M  
 The CAUSE OF DEATH\* was as follows:  
Labor Pneumonia

Contributory [SECONDARY] \_\_\_\_\_

Signed L. M. Freyman M. D.  
478 1922 Address Granville

\* 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 \_\_\_\_ da. In the State \_\_\_\_ yrs \_\_\_\_ mos \_\_\_\_ da.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Granville DATE OF BURIAL Mch 26 1922

20 UNDERTAKER Williamson ADDRESS Granville