

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. 12

Village or Mayfield

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412

Primary Registration District No. 12

File No. 329

Registered No. 4

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

2 FULL NAME

James Pippin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 1, 1922
(Month) (Day) (Year)

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

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER W C Pippin

11 BIRTHPLACE OF FATHER (State or country) Putnam Co Tenn

12 MAIDEN NAME OF MOTHER Bessie Hancy

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W H Lane
(Address) Windsors Tenn R #3

15 Filed March 31 1922 W B Billingsley REGISTRAR

Form V. S. No. 4-100M / FOSTER & PARSONS CO., NASHVILLE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 28, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____, that I last saw him alive on March 26, 1922, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:
Cerebral Discharge Not well from Birth
113
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) J. M. Wheeler, M. D.
Blounting Spring Tenn R #1
191____ (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF 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 Bowers Cemetery DATE OF BURIAL March 28, 1922

20 UNDERTAKER P H Robinson ADDRESS Mayfield Tenn