

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. H 4
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. H 4404
 Primary Registration District No. _____
 File No. 349
 Registered No. 7

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

2 FULL NAME James B West

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 6th 1838
 (Month) (Day) (Year)

7 AGE 84 yrs. — mos. 14 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER William West

11 BIRTHPLACE OF FATHER (State or country) "no record"

12 MAIDEN NAME OF MOTHER Ratsy Dallas

13 BIRTHPLACE OF MOTHER (State or country) "no record"

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] S. C. West
 [Address] Haydenburg, Tenn.

15
7-2-22 Pat Clark
 Filed _____ 19____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 20th 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May the 15th 1922 to May the 17th 1922, that I last saw him alive on May the 17th 1922 and that death occurred, on the date stated above, at 2 pm.
 The CAUSE OF DEATH* was as follows:
Acute Brights Disease
Decasibly [Duration] _____ yrs. _____ mos. _____ ds.
 Contributory Old age [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.
 Signed Chas E. Reeves M. D.
June 28th 1922 Address Lincoln Tenn

* 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 M. Blank graveyard DATE OF BURIAL May 28, 1922
 20 UNDERTAKER Friends ADDRESS Haydenburg, Tenn.