

PAPER RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADEING 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. # 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. 44404
Primary Registration District No. _____

File No. 355

Registered No. 6

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

2 FULL NAME

Clyde Nemona Hix

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED Single
(With the word)
6. DATE OF BIRTH May 31 1922
(Month) (Day) (Year)
7 AGE _____ If LESS than 1 day 18 hrs. or min.?
yrs. mos. ds.

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)

Tenn

PARENTS

10 NAME OF FATHER Richard Hix

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Loula Gomis

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Hughy Clark
[Address] Red Bluff Spg

15 File No. June 2 22 Pat Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 1 22
[Month] [Day] 19[Year]

17 I HEREBY CERTIFY, That I attended deceased from May 31 22 to only 1922, that I last saw h alive on _____ 1922, and that death occurred, on the date stated above, at _____ M
The CAUSE OF DEATH* was as follows:

Premature Birth

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

Signed W H Stone M. D.
June 1 22 Address Haydenburg

* 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 DATE OF BURIAL
Ray Green Yard June 2 22

20 UNDERTAKER ADDRESS
Hughy Clark Red Bluff