

AGAIN RECEIVED FOR BINDING
 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. no 2
 OR
 Village Haydenburg
 OR
 City R 2 (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44402
 Primary Registration District No. 2

File No. 356
 Registered No. 5

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 6 / 1 / 1922
 (Month) (Day) (Year)

7 AGE Swamp If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Jackson Co La

10 NAME OF FATHER Geo Jones

11 BIRTHPLACE OF FATHER (State or country) Haydenburg La

12 MAIDEN NAME OF MOTHER Rosie Pyron

13 BIRTHPLACE OF MOTHER (State or country) Haydenburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] _____
 [Address] _____

15 Filed June 4 1922 A McBawley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 - 1 - 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: 161a

Primature of birth
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed F. O. Cornwall M. D.
June 4, 1922 Address Haydenburg La

* 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 Pyron Grave yard DATE OF BURIAL June 2, 1922

20 UNDERTAKER James Pyron ADDRESS Haydenburg R 2