

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. 11
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 444-11
 Primary Registration District No. 11

File No. 358
 Registered No. 13

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

2 FULL NAME Ray Darwin Hogg

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1 17 1921
 (Month) (Day) (Year)

7 AGE 1 yrs. 5 mos. 1 ds. 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) Tenn

10 NAME OF FATHER Jesse Hogg

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Willie Pruitt

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] R. Hogg
 [Address] Gainesboro

15 Filed 7/10 BY L. Phindrea REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 18 1922
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1922, to June 18, 1922 that I last saw him alive on June 18, 1922

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Acute Illocolitis

[Duration] _____ yrs. _____ mos. 13 ds.

Contributory Uremia
 [Duration] _____ yrs. _____ mos. 7 ds.

Signed L. B. Anderson M. D.
6/19, 1922 Address Gainesboro

* 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 Darwin Tenn DATE OF BURIAL 6/19 1922

20 UNDERTAKER Mc Proper ADDRESS Gainesboro