

MARGIN RESERVED 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. First
OR
Village Lainesbar
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 364
17

Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Howell L Lynch

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH November 13
(Month) (Day) (Year)

7 AGE 42 yrs. mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE Smith Co Tenn
(State or country)

10 NAME OF FATHER Geary Washington Lynch

11 BIRTHPLACE OF FATHER Tenn
[State or country]

12 MAIDEN NAME OF MOTHER Lucy Ann Bell

13 BIRTHPLACE OF MOTHER Tenn
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs H L Lynch

[Address] _____

15 9 1922 Mrs H L Lynch
Filed _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 9 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: 197

Gun Shot
[Duration] yrs. mos. ds.

Contributory [SECONDARY] Homicide
[Duration] yrs. mos. ds.
Signed _____ M. D.
_____, 191____ Address _____

* 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 Lainesbar Cemetery DATE OF BURIAL July 7 1922

20 UNDERTAKER Dr Howard Taylor ADDRESS Lainesbar Tenn