

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		STATE OF TENNESSEE		318
County	<i>Jackson</i>	STATE BOARD OF HEALTH		
Civil Dist.	<i>11</i>	Bureau of Vital Statistics		
OR		CERTIFICATE OF DEATH		
Village		Registration District No.	<i>444 11</i>	File No.
OR		Primary Registration District No.	<i>11</i>	Registered No. <i>1</i>
City		(No. _____, St.; _____ Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME		<i>D. T. Brown Jr.</i>		

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
<i>male</i>	<i>white</i>	<i>single</i>
6 DATE OF BIRTH		
<i>5 6 : 9 1923</i> (Month) (Day) (Year)		
7 AGE		If LESS than 1 day, _____ hrs. or _____ min.?
<i>8 yrs. 7 mos. 4 ds.</i>		
8 OCCUPATION		
(a) Trade, profession, or particular kind of work. <i>Invalid</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country)		
<i>Tenn.</i>		
PARENTS	10 NAME OF FATHER	
	<i>D. T. Brown Sr.</i>	
	11 BIRTHPLACE OF FATHER [State or country]	
	<i>Tenn.</i>	
12 MAIDEN NAME OF MOTHER		
<i>Ollie Harris</i>		
13 BIRTHPLACE OF MOTHER [State or country]		
<i>Tenn.</i>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
[Informant] <i>D. T. Brown Jr.</i>		
[Address] <i>Gainesboro T.</i>		
15	16	
Filed <i>2/10 1923</i>	<i>L. R. Anderson</i> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH		
<i>1 10 1923</i> [Month] [Day] [Year]		
17 I HEREBY CERTIFY, That I attended deceased from <i>Jan 9 1923</i> , to <i>Jan 9 1923</i> , that I last saw him alive on <i>Jan 9 1923</i> and that death occurred, on the date stated above, at <i>9 A M</i>		
The CAUSE OF DEATH* was as follows: <i>Pneumonia, 116</i>		
[Duration] _____ yrs. _____ mos. _____ ds.		
Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.		
Signed <i>L. R. Anderson</i> M. D. <i>1/11 1923</i> Address <i>Gainesboro</i>		
*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. 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
<i>Brown Cem.</i>		<i>1/11 1923</i>
20 UNDERTAKER		ADDRESS
<i>Pascal Pharris</i>		<i>Gainesboro</i>