

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. # 4
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE 324
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 Registration District No. 44404
 Primary Registration District No. _____
 File No. _____
 Registered No. 4
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James H West

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 Jan 1 1842
 (Month) (Day) (Year)

7 AGE 81 yrs. 24 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE Tenn
 (State or country)

PARENTS

10 NAME OF FATHER Epitahiel West

11 BIRTHPLACE OF FATHER not known
 [State or country]

12 MAIDEN NAME OF MOTHER Abbie Powell

13 BIRTHPLACE OF MOTHER Tenn
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Lizzie Bohannon
 [Address] Whitleyville Tenn

15 Filed Feb 19 23 by Pet Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 24 1923
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 1923 to Jan 24 1923, that I last saw him alive on Jan 24 1923 and that death occurred, on the date stated above, at 1 a.m.
 The CAUSE OF DEATH* was as follows: arteriosclerosis
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed W N Stone M. D.
Feb 19 23 Address Gainesboro Tenn

* 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 J M Clark Grant
 20 UNDERTAKER Pearl Coffey

DATE OF BURIAL Jan 25 23
 ADDRESS Haydenby