

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. 13

OR Village

OR City

2 FULL NAME Comer Lee Hawkins

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

414

CERTIFICATE OF DEATH

Registration District No. 44413

File No. 90

Primary Registration District No. 13

Registered No.

(No. St.; Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 20 1912
(Month) (Day) (Year)

7 AGE 11 yrs. 2 mos. 8 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Wm. Rufus Hawkins

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Ava Polk

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. B. Hawkins

(Address) Whitneyville

15 Filed Jan 10 1924 J. D. Lewis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 28 1923
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 19 1923 to July 28 1923, that I last saw him alive on July 28 1923 and that death occurred, on the date stated above, at 2 M

The CAUSE OF DEATH* was as follows:
Burns and shock -
Caused by explosion of
Jeana Boiler - 187
[Duration] yrs. mos. ds.

Contributory [SECONDARY] [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 11 yrs. 2 mos. 8 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 St. Charles County DATE OF BURIAL July 29 1923

20 UNDERTAKER None ADDRESS _____