

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. no 2
OR
Village Haydenburg
OR
City (No. , St.; Ward)

STATE OF TENNESSEE 438

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44402 File No. 21
Primary Registration District No. 2 Registered No. 21

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

2 FULL NAME Georgie Pula Sisco

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 10 16 1923
(Month) (Day) (Year)

7 AGE 6 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Infant
(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) Jackson Co Tenn.

10 NAME OF FATHER Silbert Sisco

11 BIRTHPLACE OF FATHER [State or country] Jackson Co Tenn.

12 MAIDEN NAME OF MOTHER Georgie Wilcher

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____

15 Filed Dec 6 1923 Alvizo McLawley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 22 1923
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191 to 191, that I last saw him alive on 191, and that death occurred, on the date stated above, at M. The CAUSE OF DEATH* was as follows:

7 months child 161a

Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.
Signed No Medical Ade. 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 Jenkins Cemetery DATE OF BURIAL _____

20 UNDERTAKER Carlis Carnahan ADDRESS Haydenburg