

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. 11
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE 460

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 444 11
 Primary Registration District No. 11

File No. _____
 Registered No. 24

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

2 FULL NAME Smith Brown

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 11 17 1923
 (Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 9 ds. 9 mos. 9 ds. 9 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) Tenn

10 NAME OF FATHER Howard Brown

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Mary H. Smith

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Howard Brown
 [Address] Grainville 5

15 Filed 1/10 1924 L. P. Anderson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 26 1923
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to Dec 26, 1923, that I last saw live on Dec 26, 1923, and that death occurred, on the date stated above, at _____ M
 The CAUSE OF DEATH* was as follows:

Tetany

[Duration] _____ yrs. _____ mos. 10 ds.
 Contributory [SECONDARY] Convulsions

[Duration] _____ yrs. _____ mos. 7 ds.
 Signed L. P. Anderson M. D.
12/28, 1923 Address Grainville

* 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 Brown Cem DATE OF BURIAL 12/27 1923
 20 UNDERTAKER Chas Brown ADDRESS Grainville