

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 4

OR

Village _____

OR

City _____

Registration District No. _____

Primary Registration District No. 442

File No. _____

Registered No. 1

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

2 FULL NAME John P. Dot

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

white

5 SINGLE,

MARRIED, Yes

WIDOWED,

OR DIVORCED

(Write the word)

6 DATE OF BIRTH

December 251969

7 AGE

5706If LESS than
1 day, _____ hrs.
or _____ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

000

9 BIRTHPLACE

(State or country)

Livingston, Tenn

10 NAME OF FATHER

not known

11 BIRTHPLACE OF FATHER

[State or country]

not known

12 MAIDEN NAME OF MOTHER

not known

13 BIRTHPLACE OF MOTHER

[State or country]

not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. O. Lynn[Address] Gaines house

15

Filed Jan 4 1970J. O. Lynn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

January 3

[Month]

[Day]

1969
[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:

Arteriosclerosis with Cora57Contributory
[SECONDARY]Signed W. H. Brown M. D.Jan 4 1970 Address Hillman

* 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

Lynn

DATE OF BURIAL

Jan 4 1970

20 UNDERTAKER

W. H. Lynn

ADDRESS

Gaines house

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.