

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

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

857

Registration District No. 44404

File No. _____

Primary Registration District No. _____

Registered No. 1

2 FULL NAME Raph Cherry

[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 Sept 5 1923
(Month) (Day) (Year)

7 AGE 0 yrs. 4 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(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 Henry T. Cherry

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Ada Mai King

13 BIRTHPLACE OF MOTHER (State or country) Tenn

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

15 Filed Jan 18 1924 Patt Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 5 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 26 1923 Jan 5 1924, that I last saw him alive on Jan 5 1924 and that death occurred, on the date stated above, at 2:00 P. M.

The CAUSE OF DEATH* was as follows:
Acute Pneumonia
Ha

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

Signed S. D. Quines M. D.
1-18-24 Address Whitleyville

* 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 7 1/2 mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Jackson County DATE OF BURIAL Jan 7 1924
20 UNDERTAKER Friends ADDRESS Whitleyville