

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. 8
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

386 ⁵²

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 4415
 Primary Registration District No. _____

File No. 2

Registered No. _____

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

2 FULL NAME Andrew Moss

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ 1 _____
 (Month) (Day) (Year)

7 AGE 42 yrs. 4 mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER James Smith

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Clarice Rice

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] L. M. Galt

[Address] Garrettsville

15 Filed Feb 1924 Wm. Carson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 31 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1924 to Jan 25 1924, that I last saw him alive on Jan 25 1924 and that death occurred, on the date stated above, at 2 P.M.
 The CAUSE OF DEATH* was as follows: 756

Paralysis
 [Duration] yrs. mos. ds. 20
 Contributory [SECONDARY] _____

Signed G. C. Reavis M.D. M. D.
2/14 - 1924 Address Garrettsville

* 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 Anderson Cemetery DATE OF BURIAL Jan 1924

20 UNDERTAKER _____ ADDRESS _____