

STATE OF TENNESSEE

369

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 12OR
Village MayfieldOR
City _____Registration District No. 4 4 4 12Primary Registration District No. 12File No. 3Registered No. 8

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

2 FULL NAME James Russel Ransom

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 Febry 3 1912
(Month) (Day) (Year)7 AGE 11 yrs. 11 mos. 28 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION School Boy
(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 Tenn10 NAME OF FATHER Ben Ransom11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Sallie Haney13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Sallie Haney[Address] Mayfield Tenn15 Filed Feb 29 1924 Geo B Billingsley
Jackson Co Tenn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 1 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 1 1924 to Death, 1924, that I last saw him alive on February 1, 1924 and that death occurred, on the date stated above, at 9 P MThe CAUSE OF DEATH* was as follows:
accidental Gun Shot by his Brother We amputated his Right Leg He Died in 4 hours
[Duration] yrs. mos. ds.Contributory [SECONDARY] 183Signed W R Millis & J Mac Wheeler M. D.
Feb 29 1924 Address Botter Tenn

* 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 Haney Cemetery DATE OF BURIAL Feb 3 192420 UNDERTAKER Edison Goolsby ADDRESS Bloomington Tenn

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.