

STATE OF TENNESSEE 371

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. 12

OR Village Mayfield

OR City _____

Registration District No. 44412

Primary Registration District No. 12

File No. 4

Registered No. 4

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

2 FULL NAME Isom Meadows

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 Not Known 1840
(Month) (Day) (Year)

7 AGE about 75 yrs. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work I will take all of his life None at all
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER Isom Meadows

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Abby Pippin

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Eller Meadows
(Informant)

Bloomington Springs Tenn R #1
(Address)

15 Filed Feb 29 1924 Jno B Billingsley
Jackson Co Tenn R #1 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 6 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1924 to Feb 4 1924, that I last saw him live on Feb 4 1924 and that death occurred, on the date stated above, at 7 P M

The CAUSE OF DEATH* was as follows:
He followed by Pneumonia He was of an sound mind

Contributory [SECONDARY] _____ (Duration) yrs. mos. 11 d.

Signed J Mac Wheeler M. I.
Feb 29 1924 Address Botter Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, 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 Pippin cemetery DATE OF BURIAL Feb 7 1924

20 UNDERTAKER J Jackson Bloomington Springs Tenn ADDRESS R #1

Y. MARGIN RESERVED FOR BINDING BY WRITE PLAINLY. WITH UNKADING 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.