

STATE OF TENNESSEE

378

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 9OR
Village _____OR
City _____Registration District No. 44409

Primary Registration District No. _____

(No. _____)

St.; _____

Ward) _____

File No. 1Registered No. 1

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

2 FULL NAME no name

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Boy4 COLOR OR RACE white5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
Single
(Write the word)6 DATE OF BIRTH Feb 4 1924

(Month)

(Day)

(Year)

7 AGE _____

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

yrs. _____

mos. 12 ds.8 OCCUPATION none

(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) Tenn10 NAME OF FATHER Dennon11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Adah Rush13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Harvey Loftis[Address] Lambertown R115. Filed March 1924REGISTRAR A.M. Ballard

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 16 1924

[Month]

[Day]

[Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 192 _____, to _____, 192 _____,

that I last saw him alive on _____, 192 _____,

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:

no medical aid

Contributory [SECONDARY] _____

Signed _____

_____ Address _____

* 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?

Formet or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Lottis CemeteryDATE OF BURIAL Feb 17 192420 UNDERTAKER Friends

ADDRESS _____

DO NOT TEAR OUT

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.