

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 2OR
Village Haydenburg R. 2OR
City _____ (No. _____, St.; _____ Ward)Registration District No. 44402

Primary Registration District No. _____

File No. 2Registered No. 2

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

2 FULL NAME Jefferson Wilson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)6 DATE OF BIRTH 2 0 1846
(Month) (Day) (Year)7 AGE 78 yrs. 2 mos. 0 ds.
If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER Thomas Wilson

11 BIRTHPLACE OF FATHER [State or country]

12 MAIDEN NAME OF MOTHER Bosheby, Braswell13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15 Filed April 12 1924 A. McBawley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 6 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____ 191____, that I last saw him alive on _____ 191____

and that death occurred, on the date stated above, at 5:30 P.M.The CAUSE OF DEATH* was as follows: 1924Right Side Paralysis 75a

[Duration] ____ yrs. ____ mos. ____ ds.

Contributory [SECONDARY] _____

[Duration] ____ yrs. ____ mos. ____ ds.

Signed C. E. Reeves M. D.April 7, 1924 Address Hainesboro

* 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 DATE OF BURIAL

Jones Cemetery April 8, 1924

20 UNDERTAKER ADDRESS

J. E. Richmond HainesboroR. 4 Tenn.

MARGIN RESERVED FOR BINDING 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.