

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.

STATE OF TENNESSEE 416

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 12
 OR
 Village Blenny
 OR
 City _____ (No. _____ St.; _____ Ward)

Registration District No. 44412
 Primary Registration District No. 12

File No. 10
 Registered No. 10

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

2 FULL NAME Edward Ellis Got

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 10 1924
 (Month) (Day) (Year)

7 AGE about 12 Hours If LESS than 1 day, 19 hrs. or min.?
 yrs. mos. 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) Jackson Co Tenn

10 NAME OF FATHER Marlin W. Got

11 BIRTHPLACE OF FATHER [State or country] Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Estie Lee McBroom

13 BIRTHPLACE OF MOTHER [State or country] Putnam Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Rebecca S. Got
Gambhoro Tenn R 70
 [Address]

15 Filed May 27, 1924 Frank B. Billingsley REGISTRAR
Gambhoro Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 10 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 10 1924 to May 10 1924
 that I last saw him alive on May 10 1924
 and that death occurred, on the date stated above, at 11 A M
 The CAUSE OF DEATH* was as follows:

Medical attention to late child almost dead when
Born
about 12 hours
 (Duration) yrs. mos. ds.

Contributory [SECONDARY] _____
 (Duration) yrs. mos. ds.

Signed W. M. McLesin M. D.
May 27, 1924 Gambhoro Tenn 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?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Got cemetery DATE OF BURIAL May 11 1924

20 UNDERTAKER N. H. Blatt ADDRESS Gambhoro Tenn R 70