

STATE OF TENNESSEE 421

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 11
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 444 11
Primary Registration District No. 11

File No. _____
Registered No. 7
(If death occurred in a hospital or institution, give its NAME and street and number.)

2 FULL NAME Frank P. Fox

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE whites 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH 7 3 1852
(Month) (Day) (Year)

7 AGE 70 yrs. 10 mos. 25 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION Farmer
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE Tenn
(State or country)

10 NAME OF FATHER John K. Fox

11 BIRTHPLACE OF FATHER Tenn
(State or country)

12 MAIDEN NAME OF MOTHER Peggy Jane Carter

13 BIRTHPLACE OF MOTHER Tenn
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Russ Fox
[Address] Gainesboro 3

15 Filed 6/10 1924 L R Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 28 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1st 1924, to July 28, 1924, that I last saw him alive on May 27, 1924 and that death occurred, on the date stated above, at 5 AM

THE CAUSE OF DEATH* was as follows:
Chokechiliana of upper lip & nose
[Duration] 10 yrs. 8 mos. 18 ds.

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

Signed L. R. Anderson M. D.
5/29 1924 Address Gainesboro

* 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 Fox Tenn DATE OF BURIAL 5/30 1924

20 UNDERTAKER U. G. Brown ADDRESS Gainesboro

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.