

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. first
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

423

Registration District No. 441

File No. 10

Primary Registration District No. 44401

Registered No. _____

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

2 FULL NAME

Louis Bowman

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 18 1924
 (Month) (Day) (Year)

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

8 OCCUPATION
 (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) Lipscomb Hollow Jackson

10 NAME OF FATHER Eddie Bowman

11 BIRTHPLACE OF FATHER (State or country) Sudneys Hill

12 MAIDEN NAME OF MOTHER Ruby Huff

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs Lina M. Ganshew

[Address] Ganshew R 3

15 _____

Filed Jan 17 1924 Mrs M.H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH still born
May 19 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1924 to _____ 1924,

that I last saw him alive on _____ 1924,

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

The CAUSE OF DEATH* was as follows: 2056

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

Contributory _____

[SECONDARY] _____

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

Signed M M McJinn M. D.

June 9 1924 Address Gainsboro

* 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 May 18 1924

20 UNDERTAKER _____

ADDRESS _____
