

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 1st
 OR
 Village Guisards
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

432

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44615
 Primary Registration District No. _____

File No. 99

Registered No. _____

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

2 FULL NAME Bessie Jackson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE (Write the word)
 6 DATE OF BIRTH 07 22 1928
 (Month) (Day) (Year)
 7 AGE 1 yrs. 8 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS
 10 NAME OF FATHER Tom Jackson
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Bessie Jackson
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Tom Jackson
 [Address] Guisards

15 Filed July 24 mm REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 2 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 29 1929 to July 2 1929 that I last saw h. alive on _____, 19__

and that death occurred, on the date stated above, at _____ M.
 The CAUSE OF DEATH* was as follows:

Respiratory complaint
 or Bronchitis 143

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

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, 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 Guisards

19 PLACE OF BURIAL OR REMOVAL Medical Cemetery DATE OF BURIAL July 2 1929
 20 UNDERTAKER mm ADDRESS _____