

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 439

1 PLACE OF DEATH

County Jackson
 Civil Dist. No 2
 OR
 Village Haydenburg
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 4402
 Primary Registration District No. 2

File No. 6
 Registered No. 6
 [If death occurred in a hospital or institution, give its NAME and street and number]

2 FULL NAME Perry, Rose, Hentry

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 9 2 1919
 (Month) (Day) (Year)

7 AGE 5 yrs. 0 mos. 2 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Jackson Co Tenn

PARENTS

10 NAME OF FATHER Ike Hentry
 11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn
 12 MAIDEN NAME OF MOTHER May Dixon
 13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] _____
 [Address] _____

15 Filed Apr 5 1924 Along McLawley
 191 _____ REGISTAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 4 1924
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____ to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Sick only a few days. Had a D.T. the day before death, and pronounced it Pneumonia.
 (Duration) _____ yrs. _____ mos. _____ ds.
This information was given by mother of child.
 Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed _____ M. D.
 _____ 191____ 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 Rays Cemetery DATE OF BURIAL Apr 5 1924
 20 UNDERTAKER P. J. Wilson ADDRESS Haydenburg