

MARGIN RESERVED FOR BINDING 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. 14
 OR
 Village _____
 OR
 City _____ (No. _____)

STATE OF TENNESSEE

441

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44414
 Primary Registration District No. 14
 St.; _____ Ward _____

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

2 FULL NAME Willow Sincy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX mail 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) x
 6 DATE OF BIRTH July 15 1857
 7 AGE 65 yrs. 0 mos. 3 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Rearing (b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Tenn

PARENTS
 10 NAME OF FATHER Wesley Sincy
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Basia Thomas
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Harley Sincy
 [Address] Deppald Tenn

15
 Filed Oct 12 1924 Bury Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from April 1 1924 to Aug 7 1924 that I last saw him alive on Aug 7 1924 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Cancer of the Testis 47

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

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

Signed Dr. C. H. Roseman M. D. Oct 27 1924 Address Deppald Tenn

* 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 Sion Cemetery DATE OF BURIAL Aug 9 1924

20 UNDERTAKER G. T. Russell ADDRESS Deppald