

## STATE OF TENNESSEE

442

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. 7OR  
Village \_\_\_\_\_OR  
City \_\_\_\_\_Registration District No. H4407

Primary Registration District No. \_\_\_\_\_

File No. 26

Registered No. \_\_\_\_\_

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

2 FULL NAME Albert Lawson

## 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 July 11 1924  
(Month) (Day) (Year)7 AGE \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. mos. da.8 OCCUPATION Man  
(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) Jackson Co10 NAME OF FATHER Arthur Lawson11 BIRTHPLACE OF FATHER (State or country) Jackson Co12 MAIDEN NAME OF MOTHER Myrtal Brown13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Idar Brown[Address] Crownville15 Filed August 13 1924 Emma Wheeler REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 11 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 11 1924 to August 11 1924 that I last saw him live on August 11 1924 and that death occurred, on the date stated above, at 79 M.The CAUSE OF DEATH\* was as follows:  
Bronchial Pneumonia  
1000

Contributory [SECONDARY] \_\_\_\_\_

Signed R. B. Henderson M. D.  
Address Gainesboro

\* State the DISEASE CAUSING DEATH, or, if death from VIOLENCE CAUSED BY 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. da. In the State yrs. mos. da.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_19 PLACE OF BURIAL OR REMOVAL Brown Cemetery, Coatesville DATE OF BURIAL \_\_\_\_\_20 UNDERTAKER Albert Brown ADDRESS Crownville

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.