

STATE OF TENNESSEE 443

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. # 7
OR
Village _____
OR
City Bloomington (No. Spz A 70 #1 Ward)

Registration District No. 44407

Primary Registration District No. _____

File No. _____

Registered No. _____

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

2 FULL NAME James Sylvus Davidson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 18 1864
(Month) (Day) (Year)

7 AGE 60 yrs. 3 mos. 1 ds. or LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. Dr Marchant
(b) General nature of industry, business, or establishment in which employed (or employer). bliss 786

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Nathaniel Davidson

11 BIRTHPLACE OF FATHER (State or country) Jackson

12 MAIDEN NAME OF MOTHER M Johnson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Ridley Davidson

[Address] Bloomington Spz

15 Filed 8/12 1924 Emma White

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 19 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1924, to Aug 18, 1924, that I last saw him alive on Aug 15, 1924, and that death occurred, on the date stated above, at 8 A. M. The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease
[Duration] 4 yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.
Signed: Freeman & White, M. D.
Aug 20, 1924. Address Bloomington Spz

* 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 Davidson Grav DATE OF BURIAL August 20, 1924

20 UNDERTAKER Marin Robertson ADDRESS Grandville

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.