

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

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

County Jackson File No. 96
 Civil Dist. 13- Registration District No. 444/13
 OR
 Village _____ Primary Registration District No. 13- Registered No. 96
 OR
 City _____ (No. _____ St.; _____ Ward)

2 FULL NAME James Eggo - Dodson -

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

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 June - 9 - 1873
 (Month) (Day) (Year)

7 AGE 51 yrs. 2 mos. 13 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn -

PARENTS

10 NAME OF FATHER John Dodson -

11 BIRTHPLACE OF FATHER [State or country] Tenn -

12 MAIDEN NAME OF MOTHER Rutha Harrison

13 BIRTHPLACE OF MOTHER [State or country] Tenn -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Information] Ms Sarah Dodson -
 [Address] Whitesville Tenn -

15 Filed Sept 20 1924 by J. D. Purles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug - 28 - 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 25 - 1921 to Aug - 7 - 1924 that I last saw him alive on Aug - 7 - 1924 and that death occurred, on the date stated above, at 26 M.

The CAUSE OF DEATH* was as follows:
Pulmonary and Kidney
Tuberculosis

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

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

Signed J. D. Purles M. D.
Aug - 9 - 1924 Address Whitesville 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 51 yrs. 2 mos. 13 ds. In the State 51 yrs. 2 mos. 13 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
James Eggo Dodson Aug - 29 - 1924
 20 UNDERTAKER ADDRESS
Mrs -