

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

County Jackson

Civil Dist. 14

OR  
Village

OR  
City

Registration District No. X X V I V

Primary Registration District No.

(No. ,

St.;

Ward)

File No.

Registered No.

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

STATE OF TENNESSEE

445

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

2 FULL NAME James Edward Hawkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE,  MARRIED,  WIDOWED,  OR DIVORCED (Write the word)

6 DATE OF BIRTH May 26 1922  
(Month) (Day) (Year)

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

8 OCCUPATION (a) Trade, profession, or particular kind of work None (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Smith County

10 NAME OF FATHER Richard Hawkins

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Emil Pulley

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Rickard Hawkins

[Address] DeFuniak

15 Filed Aug 9 1922 James Perry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 23 1922  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 192 , to , 192

that I last saw him live on Aug 23 1922

and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH<sup>o</sup> was as follows: 2051

Dont No  
was all most dead when  
i saw it [Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed C. H. Robinson M. D.

Aug 24 1922 Address Difficult

\* 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 DATE OF BURIAL

Mulins County Aug 24 1922

20 UNDERTAKER ADDRESS

Had None X