

WRITE PLAINLY, AND 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. First
OR
Village Garrettsburg
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

447

Registration District No. 441
Primary Registration District No. 441

File No. 16

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

2 FULL NAME Roscoe Maye

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 Apr 28 1905
(Month) (Day) (Year)

7 AGE 39 yrs. 4 mos. 8 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION House wife
(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 Co Tenn

10 NAME OF FATHER Howard Jackson

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Milled Young

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Lena Maye

[Address] Garrettsburg

15 Filed Oct 4 1924 Mrs. A. H. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 2 1924
[Month] [Day] [Year]

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

that I last saw him _____ alive on _____ 192_ and that death occurred, on the date stated above, at _____ P. M.

The CAUSE OF DEATH* was as follows:
Peripneumonic pneumonia
typhoid fever

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

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

Signed Chas. E. Burns M. D.
Oct 4 1924 Address Garrettsburg

* 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 Pharist cemetery DATE OF BURIAL Oct 4 1924

20 UNDERTAKER _____ ADDRESS _____