

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

448

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 13
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

Registration District No. 444/3Primary Registration District No. 13File No. 97Registered No. 97

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

2 FULL NAME Leon Francis Shuffins

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug (Month) 1 (Day) 1848 (Year)

7 AGE 76 yrs. 1 mo. 1 day. 1 hr. 0 min. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Pete Shuffins

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Polly Carbow

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs. Sarah Dodson

[Address] Whitneyville

15 File Sept 7 No. 24 J. Thomas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept (Month) 6 (Day) 1924 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 5 1924 to Sept 6 1924 that I last saw her alive on Sept 6 1924 and that death occurred, on the date stated above, at 2 P.

The CAUSE OF DEATH* was as follows:
Ancient Nephritis 128

[Duration] yrs. mos.

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

Signed J. Thomas M.D.
Sept 7 1924. Address J. Thomas

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTES, TRANSIENTS, OR RECENT RESIDENTS]
 At place of death 76 yrs. 1 mo. In the State 76 yrs. 1 mo.

Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL James McCain Cnty DATE OF BURIAL Sept 7

20 UNDERTAKER None ADDRESS None

MARGIN RESERVED FOR BINDING

WHITE 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.