

DO NOT TEAR OUT

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. 11
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

File No. _____
 Registered No. 10

CERTIFICATE OF DEATH

Registration District No. 444 11
 Primary Registration District No. 11

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

2 FULL NAME William Ragland

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 11 17 1839
 (Month) (Day) (Year)

7 AGE 84 yrs. 10 mos. 13 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Marsh Ragland

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Nancy Brown

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] T.M. Ragland

[Address] Gainesboro R. 3.

15 File No. 10/10 1924 Registrar L.R. Anderson

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 30 1924
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 7 1924 to Sept. 23 1924 that I last saw him/her on Sept 23 1924 and that death occurred, on the date stated above, at 5 A.M. The CAUSE OF DEATH* was as follows:
Influenza 11a

[Duration] yrs. mos. ds. 15 ds.
 Contributory [SECONDARY] Branches Pneum.

Signed L.R. Anderson M.D.
9/31 1924 Address Gainesboro

*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? Home
 If not at place of death?
 Former or usual residence?

19 PLACE OF BURIAL OR REMOVAL Hails Cove. DATE OF BURIAL 9/31

20 UNDERTAKER H.K. Norton ADDRESS Gainesboro