

STATE OF TENNESSEE

467

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. No 6
OR
Village Lanesboro
OR
City Lanesboro (No. _____ St.; _____ Ward)Registration District No. _____
Primary Registration District No. 442File No. _____
Registered No. 9

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

2 FULL NAME James Caggar

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 unknown 188
(Month) (Day) (Year)7 AGE about 2 yrs. 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) Burkeville Ky10 NAME OF FATHER Samuelson11 BIRTHPLACE OF FATHER (State or country) unknown12 MAIDEN NAME OF MOTHER not known13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Thomas Coffey
[Address] Lanesboro15 Filed Oct 7 1924 Al Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 7 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 15 1924 to Sept 22 1924 that I last saw him alive on Sept 22 1924 and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

Old age Asthma Sclerosis
& aneurism

Contributory [SECONDARY] _____

Signed Chas E. Reese M.D.
Oct 8 1924 Address Lanesboro

* State the DISEASE CAUSING DEATH, or its death from VIOLENT CAUSE, 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?
Famer or usual residence _____19 PLACE OF BURIAL OR REMOVAL Academy cemetery DATE OF BURIAL Oct 8 192420 UNDERTAKER Thomas Coffey ADDRESS Lanesboro

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.