

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. 9
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE 486

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44409 File No. 8
 Primary Registration District No. _____ Registered No. _____

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

2 FULL NAME Francis Marion Jackson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 29 1868
(Month) (Day) (Year)

7 AGE 56 7 18
Yrs. mos. ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

9 BIRTHPLACE Tenn
(State or country)

10 NAME OF FATHER Ratio Jackson

11 BIRTHPLACE OF FATHER Tenn
(State or country)

12 MAIDEN NAME OF MOTHER Tennessee Swain

13 BIRTHPLACE OF MOTHER Tenn
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Perry Maberry
 [Address] Cookeville R8

15 Filed Oct-25 1924 G. M. Ballard

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 18 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 _____ M

The CAUSE OF DEATH* was as follows:
No medical aid

T.B. 31
(Duration) yrs. mos. ds.

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

Signed _____ M. D.
 _____ 192__ Address _____

* 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?
 Farmer or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Dodson Branch DATE OF BURIAL Oct 20 1924

20 UNDERTAKER none ADDRESS _____