

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. 14
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE 479

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44414

File No. _____

Primary Registration District No. 14

Registered No. _____

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

2 FULL NAME Price Sircy

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb. 9 1911
 (Month) (Day) (Year)

7 AGE 13 yrs. 9 mos. 18 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Barton Sircy

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Minie Burton

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Johncie Sircy
 [Address] Bristol Tenn

15 Filed Jan 29 1925 Bury Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 27 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1924 to Nov 27 1924, that I last saw him alive on Nov 27 1924 and that death occurred, on the date stated above, at 11 A. M The CAUSE OF DEATH* was as follows:

Broncho Pneumonia
Pneumonia
100a
 [Duration] ____ yrs. ____ mos. ____ ds.

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

Signed Dr. Robinson M. D.

Jan 29 1925 Address Deported

* 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 Sircy Cemetery DATE OF BURIAL Nov. 28 1925

20 UNDERTAKER Ester Burton ADDRESS Frankville