

## STATE OF TENNESSEE 7 483

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. 15

Village \_\_\_\_\_

City \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 114414

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 15

Registered No. \_\_\_\_\_

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

2 FULL NAME Charlie Parish

## 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 Nov 14 1924  
(Month) (Day) (Year)7 AGE 7 yrs. 2 mos. 5 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employee) \_\_\_\_\_9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER George Parish11 BIRTHPLACE OF FATHER [State or country] Tenn12 MAIDEN NAME OF MOTHER Cassady Brown13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15

Filed Dec 15 1925 Wm. T. Mason  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 19 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: 112Indigestion of stomach

[Duration] yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] yrs. mos. ds.

Signed Wm. T. Mason M. D.

1925 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?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Jackson DATE OF BURIAL \_\_\_\_\_20 UNDERTAKER none ADDRESS \_\_\_\_\_

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.

MARGIN RESERVED FOR BINDING