

MARGIN RESERVED FOR BINDING
 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. 13
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

487

CERTIFICATE OF DEATH

Registration District No. 44413
 Primary Registration District No. 13

File No. 102

Registered No. 102

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

2 FULL NAME not married

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec-22-1924
 (Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, 19 hrs. or _____ min.?
 yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Alie Lee Hix

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER Doffa De Alen

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs. Martha Crowder
 [Address] Whitesville

15 Filed Dec 23, 1924 J. D. Duncanson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec-23, 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____ to _____, 191____, that I last saw h_____ alive on _____, 191____ and that death occurred, on the date stated above, at 8 A M
 The CAUSE OF DEATH* was as follows:
Had no doctor 2057

[Duration] _____ yrs. _____ mos. _____ ds.

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

Signed J. D. Duncanson M. D.
 _____, 191____ 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 James Hix County DATE OF BURIAL Dec-23, 1924

20 UNDERTAKER None ADDRESS _____