

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. 12
OR
Village Mayfield
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

489

CERTIFICATE OF DEATH

Registration District No. 44412
Primary Registration District No. 12

File No. 20
Registered No. 20

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

2 FULL NAME Thelmer Brown

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 26 1923
(Month) (Day) (Year)

7 AGE 1 yrs. 3 mos. 3 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 employer) _____

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER Hubert Brown

11 BIRTHPLACE OF FATHER (State or country) Clay Co Tenn

12 MAIDEN NAME OF MOTHER Belie Riley

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] J K Flet

[Address] Gainesboro Tenn R 3

15 Filed Jan 5 1924 Jas B Billingsley
Gainesboro Tenn R 3 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 29 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 24 1924 to 1924, that I last saw him alive on Dec 28 1924 and that death occurred, on the date stated above, at 10 P M

The CAUSE OF DEATH was as follows:
accidentally scalded by hot water died from the effect of the burn
(Duration) _____ yrs. _____ mos. 6 ds.

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

Signed N M McLevin M. D.
Jan 5 1924 Address Gainesboro Tenn

* 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 OR 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 Byers cemetery DATE OF BURIAL Dec 30 1924

20 UNDERTAKER John Petty ADDRESS Gainesboro Tenn R 3