

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. NO 1
OR
Village Gainesboro
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 441
Primary Registration District No. 44401

File No. 3
Registered No. _____

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

2 FULL NAME John Hustler Steppard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White American</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/> MARRIED (Write the word)
6 DATE OF BIRTH _____. _____. _____. 1 _____. (Month) (Day) (Year)		
7 AGE <u>57</u> yrs. ____ mos. ____ ds.		If LESS than 1 day, ____ hrs. or ____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work: <u>Farm laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer): _____		
9 BIRTHPLACE <u>Jackson Co. Tenn</u> (State or country)		

PARENTS	10 NAME OF FATHER <u>Jonas Steppard</u>
	11 BIRTHPLACE OF FATHER <u>Jackson Co. Tenn</u> (State or country)
	12 MAIDEN NAME OF MOTHER <u>Jessie Paine</u>
	13 BIRTHPLACE OF MOTHER <u>Jackson Co. Tenn</u> (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____

15 Filed Jan 27 1927 Mr. M. H. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan 27 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 20 1927, to Jan 27 1927, that I last saw him live on Jan 27 1927 and that death occurred, on the date stated above, at 8 A. M.

The CAUSE OF DEATH* was as follows:

H. Pneumonia

Contributory [SECONDARY]

Signed C. E. Reeves M. D.
Jan 27 1927, 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. State whether or not an operation was performed.

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 Pinnacled Graveyard DATE OF BURIAL Jan 28 1927
20 UNDERTAKER None ADDRESS _____