# STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1000

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. Omissions or errors of certificate

1 PLACE OF DEATH

County Jackson

Civil Dist. No. 7

OR

Village

OR

City (No. , St.; Ward)

Registration District No. File No.

Primary Registration District No. Registered No.

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

2 FULL NAME James D. Craighead.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower.

6 DATE OF BIRTH: (Month) (Day) 1846 (Year)

7 AGE: 81 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Tenn.

PARENTS

10 NAME OF FATHER: John Craighead

11 BIRTHPLACE OF FATHER [State or country]: Tennessee

12 MAIDEN NAME OF MOTHER: Kemp.

13 BIRTHPLACE OF MOTHER [State or country]: Smith Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15 Filed Feb 1st 1927 Alonzo McCawley REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jany [Month] 21 [Day] 1927 [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 1926 to Jan 1927, that I last saw him alive on Jan 1927, and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed N. B. Isaac M. D.

2/4 1927 Address Jamestown 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: Rays Cemetary

DATE OF BURIAL: Jan 22, 1927

20 UNDERTAKER: J R Wilson act.

ADDRESS: Haydenburg