

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 Glenny
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 1003
 File No. 2
 Registered No. 2
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James W Pippin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 9 1925
 (Month) (Day) (Year)

7 AGE 1 yrs. 7 mos. 10 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION None
 (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) Jackson Co Tenn

PARENTS

10 NAME OF FATHER J M Pippin

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

12 MAIDEN NAME OF MOTHER Etter Woodall

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 20 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 17 1927 to Jan 19 1927, that I last saw him live on Jan 19 1927 and that death occurred, on the date stated above, at 4 P M The CAUSE OF DEATH* was as follows:
Pneumonia
 [Duration] _____ yrs. _____ mos. 5 ds.

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

Signed J R Anderson M. D.
Feb 4 1927 Address Gainesboro R 4

* 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] M W Hot
 [Address] Gainesboro R 3

15 Filed Feb 4 1927 Jno B Billingsley REGISTRAR
Gainesboro R 3

19 PLACE OF BURIAL OR REMOVAL Jackson Cemetery DATE OF BURIAL Jan 21 1927

20 UNDERTAKER Mat Burgess Gainesboro R 3 ADDRESS _____