

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. 5  
 OR  
 Village Granville  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

3247

Registration District No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

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

2 FULL NAME Junia Lockton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX boy 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  
 6 DATE OF BIRTH April 1 1921  
 (Month) (Day) (Year)  
 7 AGE 2 yrs. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
2 yrs. 10 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) Jackson Co. Tenn.

10 NAME OF FATHER Albert Dickers

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

12 MAIDEN NAME OF MOTHER Mie Stapton

13 BIRTHPLACE OF MOTHER (State or country) Granville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Sherman Stockton  
 [Address] Granville

15 Filed Mar 10 1927 H. S. Holliman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 5 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 21 1926 to Jan 2 1927 that I last saw h. alive on Jan 2 1927 and that death occurred, on the date stated above, at \_\_\_\_\_ M  
 The CAUSE OF DEATH\* was as follows:

Brancher Pneumonia following measles

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed W. B. Page M. D.  
 \_\_\_\_\_ 1927 Address Granville 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 Maths Sem DATE OF BURIAL 1/6 1927

20 UNDERTAKER T. M. Watts & Co ADDRESS Granville Tenn