Form V. S. No. 4—40M.
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

3248

1 PLACE OF DEATH

County Jackson
Civil Dist. No 6
or
Village
or
City (No. , St. ; Ward)

Registration District No. 44 406
Primary Registration District No.
File No. 2
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Clyde Dempsa Dillon

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M
4 COLOR OR RACE: W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Feb (Month) 13 (Day) 1918 (Year)

7 AGE: 8 yrs. 11 mos. 24 ds.
If LESS than 1 day, ...hrs. or ...min.?

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

PARENTS
10 NAME OF FATHER: William Dillon
11 BIRTHPLACE OF FATHER (State or country): Tennessee
12 MAIDEN NAME OF MOTHER: Florence Stafford
13 BIRTHPLACE OF MOTHER (State or country): Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dewie Smith
(Address) Gainesboro Ten

15
Filed Feb 19 1927 mrs T H Norton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb (Month) 7 (Day) 1927 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ....., 192.., to ....., 192..,
that I last saw h... alive on ....., 192..,
and that death occurred, on the date stated above, at ..... M
The CAUSE OF DEATH* was as follows:

205b

Unknown

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

Signed ..... M. D.

....., 192.. Address

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State wether 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: New-Hope Cemetary
DATE OF BURIAL: Feb ... 1927

20 UNDERTAKER: Dewie Smith
ADDRESS: Gainesboro