

DO NOT TEAR OUT
 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. PHYSICIAN'S 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. P
 OR
 Village _____
 OR
 City _____ (No. _____, St.: _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 442

File No. 3252

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 Marion Loftis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)
 6 DATE OF BIRTH dec 31 1922
 (Month) (Day) (Year)
 7 AGE 30 yrs. 24 mos. 24 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Mariner 000
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER McKin Loftis

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Lourina Loftis

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Lourina Loftis
 [Address] Cookeville Tenn

15 Filed May 15 1927 A M Ballard
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 24 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1922 to _____ 1922, that I last saw h. _____ alive on _____ 1922, and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows: 31
D.B. no medical aid
 [Duration] yrs. mos. ds.

Contributory [SECONDARY] _____ [Duration] yrs. mos. ds.
 Signed _____ M. D.
 _____ 1922 Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Bensley Cem DATE OF BURIAL Jan 25 1927
 20 UNDERTAKER none ADDRESS _____