

MARGIN RESERVED FOR BINDING  
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. No. 2  
OR  
Village Haydenburg  
OR  
City Tenn. (No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

5511

CERTIFICATE OF DEATH

Registration District No. H4402  
Primary Registration District No. 2

File No. 12

Registered No. 12

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

2 FULL NAME Egna Eugene Hix

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH August 20 1926  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. 6 mos. \_\_\_\_\_ ds.

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

9 BIRTHPLACE (State or country) Haydenburg Tenn.

10 NAME OF FATHER George T. Hix

11 BIRTHPLACE OF FATHER (State or country) Haydenburg Tenn.

12 MAIDEN NAME OF MOTHER Hilda H. Ray Hix

13 BIRTHPLACE OF MOTHER (State or country) Haydenburg Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] \_\_\_\_\_

[Address] \_\_\_\_\_

15

Filed Feb 20 1927 Alongs McLeary  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 20 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 191\_\_\_\_ to \_\_\_\_\_ 191\_\_\_\_,

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:  
Found dead in bed  
Did not know the cause of death  
[Duration] yrs. 6 mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_  
[Duration] yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Signed George T. Hix no medical aid  
\_\_\_\_\_, 191\_\_\_\_ 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 Cub Creek Cemetery DATE OF BURIAL Feb 21 1927

20 UNDERTAKER P. J. Wilson (et al) ADDRESS Haydenburg Tenn.