

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 Jenn. (No. _____, St.; _____ Ward)

STATE OF TENNESSEE.
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 5512
 CERTIFICATE OF DEATH
 Registration District No. 44402
 Primary Registration District No. 2
 File No. 13
 Registered No. 13

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

2 FULL NAME Eugene Claude 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 February 14, 1927
 (Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 2 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Infant
 (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) Haydenburg Tenn

PARENTS

10 NAME OF FATHER Daniel Hix

11 BIRTHPLACE OF FATHER [State or country] Whitleyville Tenn

12 MAIDEN NAME OF MOTHER Alis Lu Hix

13 BIRTHPLACE OF MOTHER [State or country] Whitleyville Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15 Filed March 20 1927 George M. Gandy REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 16, 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: Do not know the cause
no medical case

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

Contributory [SECONDARY] Samuel Hix father
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed Geo. T. Hix no. medical and

_____, 191____ Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE 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. 17 1927

20 UNDERTAKER M. L. Ray. (ret.) ADDRESS Haydenburg
R. 2, Tenn.