

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. 13
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44413
 Primary Registration District No. 13

7957
 File No. 118
 Registered No. 118

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

2 FULL NAME John D Jones

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug - 9 - 1926
(Month) (Day) (Year)

7 AGE 8 mos. 5 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. none
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Wm Walter Jones

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Becca Zona Ryan

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Walter Jones

[Address] Haydenburg Tenn.

15 Filed 4-14-1927 J. D. Duncanson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH April 14 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 4 1927 to April 13 1927, that I last saw him live on April 13 1927 and that death occurred, on the date stated above, at 7.4 M and that death occurred, on the date stated above, at 7.4 M
 The CAUSE OF DEATH* was as follows: 1016

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

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

Signed J. D. Duncanson M. D.
April 15 1927 Address Haydenburg Tenn.

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. 8 mos. 5 ds. In the State _____ yrs. 8 mos. 5 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Ray County DATE OF BURIAL 4-15-1927

20 UNDERTAKER None ADDRESS _____