

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

1 PLACE OF DEATH
County Jackson
Civil Dist. 12
OR
Village Clenny
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 44412
Primary Registration District No. 12

10512
File No. 9
Registered No. 9

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

2 FULL NAME Sidney S Jackson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 24 1859
(Month) (Day) (Year)

7 AGE 70 yrs. 11 mos. 11 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER Eli Jackson

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Nancy Davidson

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] L E Birdwell
Ganesbar R 8
[Address]

15 John B Bittlingley
Ganesbar R 8
REGISTRAR
Filed June 2 1927

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from April 15 1927 to May 18 1927 that I last saw him alive on May 18 1927 and that death occurred, on the date stated above, at 2 P M

The CAUSE OF DEATH* was as follows: 129
Chronic Nephritis & Chronic Valvular Heart Dis
[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
[Duration] 4 yrs. _____ mos. _____ ds.
Signed R E Gann M. D.
Address _____, 1927

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether 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 Flat Cemetery DATE OF BURIAL May 25 1927

20 UNDERTAKER R E Edwards Bloomington R 1 ADDRESS _____