

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 10513
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 444/3
 Primary Registration District No. 3

File No. 117
 Registered No. 117

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

2 FULL NAME Alvin Hester Woods

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------------|--|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u> |
| 6 DATE OF BIRTH <u>Aug - 30</u> 19 <u>07</u> (Month) (Day) (Year) | | |
| 7 AGE <u>19</u> yrs. <u>8</u> mos. <u>17</u> ds. | | If LESS than 1 day, _____ hrs. or _____ min.? |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer 010</u> (b) General nature of industry, business, or establishment in which employed (or employer). | | |
| 9 BIRTHPLACE (State or country) <u>Tenn.</u> | | |

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH May 17 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 2 1926 to May 17 1927, that I last saw him alive on May 17 1927 and that death occurred, on the date stated above, at 5:55 M. The CAUSE OF DEATH* was as follows: 128
Acute Nephritis
 [Duration] _____ yrs. _____ mos. _____ ds.

PARENTS

| |
|---|
| 10 NAME OF FATHER <u>Hester Woods</u> |
| 11 BIRTHPLACE OF FATHER [State or country] <u>Tenn.</u> |
| 12 MAIDEN NAME OF MOTHER <u>Mary Ramsey</u> |
| 13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn.</u> |

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

Signed J. D. Saunders M. D.
May 18 1927 Address Whiskeyville

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Alvin Woods
 [Address] Whiskeyville, Tenn.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
 At place of death 14 yrs. 8 mos. 17 ds. In the 19 yrs. 8 mos. 17 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

15
 File May 18 1927 J. D. Saunders
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Bullington Cemetery DATE OF BURIAL _____ 1927
 20 UNDERTAKER Lee Saunders ADDRESS Whiskeyville