

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  
or  
City Jamesburg Tenn.  
Registration District No. 444022  
Primary Registration District No. 2 St.; \_\_\_\_\_ Ward \_\_\_\_\_  
File No. 17  
Registered No. 17  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Charles Reuben Brown  
PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Male 4 COLOR OR RACE White 5 SINGLE,  Infant  
MARRIED, WIDOWED, OR DIVORCED (Write the word)  
6 DATE OF BIRTH 3 10, 1926  
(Month) (Day) (Year)  
7 AGE 1 15 3 0 If LESS than  
yrs. mos. ds. 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) None

9 BIRTHPLACE (State or country) 2nd Jefferson Co. Tenn

PARENTS  
10 NAME OF FATHER Harry Brown  
11 BIRTHPLACE OF FATHER (State or country) Jackson  
12 MAIDEN NAME OF MOTHER Miss Richard  
13 BIRTHPLACE OF MOTHER (State or country) Jackson Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

15  
Filed June 12, 1927 A. M. Gawley  
191 \_\_\_\_\_ REGISTRAR

STATE OF TENNESSEE  
STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH  
16 DATE OF DEATH June 10, 1927  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from June 5, 1927, to June 9, 1927, that I last saw him alive on June 9, 1927, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH\* was as follows:  
Summer Complaint 113  
Melan. Colitis

Contributory Bad feeding  
(SECONDARY)  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) C. E. Rivers M. D.  
June 14, 1927 (Address) Jamesburg 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. \_\_\_\_ 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 James Cemetery DATE OF BURIAL June 11, 1927  
20 UNDERTAKER Tom Franklin ADDRESS Hainesboro  
1243