

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 6
 OR
 Village _____
 OR
 City _____ (No. _____, St. _____, Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

12955

Registration District No. 44406

File No. 9

Primary Registration District No. _____

Registered No. _____

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

2 FULL NAME

Charles Rees Taylor

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)
 6 DATE OF BIRTH April 18, 1920
 (Month) (Day) (Year)
 7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
 yrs. mos. da.

8 OCCUPATION
 (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) Jackson Co

10 NAME OF FATHER Charlie Taylor

11 BIRTHPLACE OF FATHER Jackson
 [State or country]

12 MAIDEN NAME OF MOTHER Sussie Carlisle

13 BIRTHPLACE OF MOTHER Jackson Co
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Bedford Taylor
 [Address] Gainesboro

15 Filed July 10, 1927 Mrs T H Norton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 25, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 18, 1927 to June 25, 1927, that I last saw him alive on June 25, 1927 and that death occurred, on the date stated above, at 10 PM
 The CAUSE OF DEATH* was as follows: 16c

Dysentery
& Perilicid

[Duration] yrs. mos. da.

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

Signed C & Reeves M. D.

July 10, 1927 Address Gainesboro

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. da. In the State _____ yrs. mos. da.

Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

New Hope June 27, 1927

20 UNDERTAKER D W Hentry ADDRESS William I