

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

12956

CERTIFICATE OF DEATH

Registration District No. 44406

File No. 7

Primary Registration District No. _____

Registered No. _____

2 FULL NAME Leonard Hawkins

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED infant
 (Write the word)

6 DATE OF BIRTH May 27, 1927
 (Month) (Day) (Year)

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

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

10 NAME OF FATHER Henry Clay Hawkins

11 BIRTHPLACE OF FATHER [State or country] Jackson Co

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Joe Lynn
Saint Louis
 [Address] _____

15 Filed July 7 1927 W. D. H.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 27, 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY That I attended deceased from _____ 192 to _____ 192, that I last saw him alive on _____ 192

and that death occurred, on the date stated above, at 4:20 AM
 The CAUSE OF DEATH* was as follows: 2056

unknown
didn't have any doctor
 [Duration] _____ yrs. _____ mos. _____ da.

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

Signed _____ M. D.
 _____ 192 Address _____

* 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 Lynn Cemetery DATE OF BURIAL May 28 1927

20 UNDERTAKER Benton Hawkins ADDRESS Saint Louis