

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. 12  
 OR  
 Village Mayfield  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

12359

CERTIFICATE OF DEATH

Registration District No. 44412  
 Primary Registration District No. 12

File No. 8

Registered No. 8

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

2 FULL NAME John H. Hanley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX \_\_\_\_\_ 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 (Write the word)  
 6 DATE OF BIRTH Oct 22 1910  
 (Month) (Day) (Year)  
 7 AGE 16 yrs. 8 mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 8 OCCUPATION Farm hand  
 (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 Tenn

PARENTS

10 NAME OF FATHER Unknown  
 11 BIRTHPLACE OF FATHER [State or country] \_\_\_\_\_  
 12 MAIDEN NAME OF MOTHER Mary Hanley  
 13 BIRTHPLACE OF MOTHER [State or country] Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] A. J. Davis  
 [Address] Mayfield Tenn

15 Filed June 30 1927 John B. Billingsley REGISTRAR  
Jackson Co Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 2 1927 to June 21 1927, that I last saw him alive on June 21 1927 and that death occurred, on the date stated above, at 11 P M

The CAUSE OF DEATH\* was as follows:

Abscess of the Brain

[Duration] \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

Contributory [SECONDARY]

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed W. M. McEldin M. D.  
June 30 1927 Address Jackson Tenn

\* 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 Byrd Cemetery DATE OF BURIAL June 23 1927

20 UNDERTAKER A. J. Davis ADDRESS Mayfield