

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 1st or Village _____ or City Greenwood Tenn (No. _____, St.; _____ Ward)
 Registration District No. 441
 Primary Registration District No. 444a Registered No. _____
 2 FULL NAME Andrew Gam
 STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 15451
 File No. _____
 [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 (Write the word)
 6 DATE OF BIRTH _____ (Month) _____ (Day), 1 _____ (Year)
 7 AGE 50 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work: Farmer 000 (b) General nature of Industry, business, or establishment in which employed (or employer): General Farming
 9 BIRTHPLACE (State or country) Greenwood Tennessee
 PARENTS
 10 NAME OF FATHER Elias Gam
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Janie Wright
 13 BIRTHPLACE OF MOTHER (State or country) Greenwood Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Janie Gibson
 (Address) Cooper Hill Tenn
 15 Filed July 27 1927
 REGISTRAR J. W. Doope

MEDICAL CERTIFICATE OF DEATH
 16 DATE OF DEATH July 8, 1927
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from July 191, to July 7, 1927, that I last saw him alive on July 7, 1927, and that death occurred, on the date stated above, at 11 a. m.
 The CAUSE OF DEATH* was as follows: old aged "Alis"
 (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) C. E. Reeves, M. D.
 _____, 191____ (Address) _____
 *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 Stonely Springs DATE OF BURIAL July 9, 1927
 20 UNDERTAKER J. W. Doope ADDRESS Smith