

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. 1
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

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

Registration District No. 11461
 Primary Registration District No. 11460

File No. 15453
 Registered No. 19

2 FULL NAME Harold Clifford Hamilton

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
 4 COLOR OR RACE wh
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____

6 DATE OF BIRTH _____ (Month) _____ (Day), 1 _____ (Year)

7 AGE 17 If LESS than 1 day, _____ hrs. or _____ min.?
 _____ yrs. _____ mos. _____ ds.

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. Tenn

PARENTS

10 NAME OF FATHER Esco Hamilton
 11 BIRTHPLACE OF FATHER (State or country) Jackson Co
 12 MAIDEN NAME OF MOTHER Anna Smith
 13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Edith Hamilton
 (Address) 7-10 Fairview

15 Filed Aug 9 1927
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 15, 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1927, to July 15, 1927 that I last saw him alive on July 15, 1927 and that death occurred, on the date stated above, at 11 p.m.

The CAUSE OF DEATH* was as follows:
Acute Dis. Colitis 113

(Duration) _____ yrs. _____ mos. 18 ds.

Contributory (SECONDARY) _____
 (Signed) R. G. Gray M. D.
7-10, 1927 (Address) Fairview

*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 Cherry Hill
 DATE OF BURIAL July 16, 1927

20 UNDERTAKER _____ ADDRESS _____