

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. 2  
OR  
Village Huydenburg  
OR  
City No. 2 (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH 15454

Registration District No. 44402 File No. 19

Primary Registration District No. 2 Registered No. 19

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

2 FULL NAME J. Clyde Wilson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 12 1913  
(Month) (Day) (Year)

7 AGE 14 yrs. 8 mos. 12 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work School boy  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER J N Wilson

11 BIRTHPLACE OF FATHER [State or country] Jackson

12 MAIDEN NAME OF MOTHER Laura Ethrage

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] \_\_\_\_\_  
[Address] \_\_\_\_\_

15 Filed 7/25 1927 A. McCarley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 24 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 22 1927 to July 24 1927 that I last saw him alive on July 21 1927 and that death occurred, on the date stated above, at 701 M

The CAUSE OF DEATH\* was as follows  
Cerebral edema following an attack of acute meningitis.  
[Duration] yrs. mos. 5 ds.

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

Signed R. B. Gair M. D.  
37-75 1927 Address Windsboro

\* 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 Richmond Cemetery DATE OF BURIAL July 25 1927

20 UNDERTAKER Geo. Hix, Act ADDRESS Huydenburg