

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. 13
 OR
 Village _____
 OR
 City _____ (No. _____ St.; Ward _____)
 Registration District No. 44413
 Primary Registration District No. 13
 STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH 15458
 File No. 120
 Registered No. 120
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Cordelle Carnahan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1917
 (Month) (Day) (Year)

7 AGE 10 yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?

8 OCCUPATION School boy
 (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 Fate Carnahan

11 BIRTHPLACE OF FATHER (State or county) Jackson Co. Tenn.

12 MAIDEN NAME OF MOTHER Marjorie Devin Carnahan

13 BIRTHPLACE OF MOTHER (State or county) Smith Co. Tenn.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 7th 1927
 [Month] [Day] [Year]

I HEREBY CERTIFY, That I attended deceased from June 28 1927 to July 7th 1927, that I last saw him alive on July 7th 1927 and that death occurred, on the date stated above, at 9:00 AM

The CAUSE OF DEATH* was as follows: 866
Blood Stream Infection

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory Acute tonsillitis
 [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.

Signed E. B. Coyle M. D.
July 7 1927 Address Madison St.

* 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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Fate Carnahan
 [Address] Whitely Street

15 Filed 7-8 1927 J. B. Dunbar
 REGISTRAR

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
 At place of death 10 yrs. _____ mos. _____ ds. In the 10 yrs. _____ mos. _____ ds. State _____
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Bell Co. Tenn. DATE OF BURIAL July 8 1927

20 UNDERTAKER None ADDRESS _____