

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		STATE OF TENNESSEE	
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics	
Civil Dist. <u>13</u>		17900	
OR Village _____		CERTIFICATE OF DEATH	
OR City _____ (No. _____ St.; _____ Ward)		Registration District No. <u>44413</u>	File No. <u>122</u>
		Primary Registration District No. <u>13</u>	Registered No. <u>122</u>
2 FULL NAME <u>Maime Susan Young</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)	13 DATE OF DEATH <u>Aug - 18</u> 192 <u>7</u> [Month] [Day] [Year]
6 DATE OF BIRTH <u>Aug - 7</u> 192 <u>7</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 8</u> 192 <u>7</u> , to <u>Aug 18</u> , 192 <u>7</u> , that I last saw her live on <u>Aug 18</u> , 192 <u>7</u> and that death occurred, on the date stated above, at <u>4 P. M.</u> The CAUSE OF DEATH* was as follows: <u>113</u> <u>Acute Iliac Colitis</u>	
7 AGE <u>1</u> yrs. <u>0</u> mos. <u>11</u> ds.	If LESS than 1 day, _____ hrs. or _____ min.?		[Duration] yrs. mos. <u>10</u> ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>U</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>U</u>	9 BIRTHPLACE (State or country) <u>Tenn</u>		Contributory [SECONDARY] [Duration] yrs. mos. ds.
10 NAME OF FATHER <u>Charles Reeves Young</u>		Signed <u>J. O. Reeves</u> M. D. <u>Aug 8</u> , 192 <u>7</u> Address <u>Whitneyville</u>	
11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
12 MAIDEN NAME OF MOTHER <u>Emma Elizabeth McGee</u>		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS] At place <u>1</u> yrs. <u>0</u> mos. <u>11</u> ds. In the State <u>1</u> yrs. <u>0</u> mos. <u>11</u> ds.	
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</u>		Where was disease contracted, if not at place of death? Former or usual residence _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Mrs. Elizabeth Young</u> [Address] _____			
15 Filed <u>Aug 18, 1927</u> <u>J. O. Reeves</u> REGISTRAR		19 PLACE OF BURIAL OR REMOVAL <u>Jack. County</u>	DATE OF BURIAL <u>Aug 19</u> 192 <u>7</u>
		20 UNDERTAKER <u>None</u>	ADDRESS <u>U</u>