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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

17901

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. 15

OR Village

OR City (No. , St.; Ward)

Registration District No. 44406 File No. 8

Primary Registration District No. Registered No.

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

2 FULL NAME Ambrose Dean

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

(Month) (Day) (Year)

7 AGE 80 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work: farming 000

(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Eykias Dean

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Jane Smith

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15

Filed , 191 mt Tenn

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 8, 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191 , to , 191 ,

that I last saw h alive on , 191

and that death occurred, on the date stated above, at M

The CAUSE OF DEATH* was as follows: 11b

Influenza

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed C E Reno M. D.

, 191 Address Gainesboro

* 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 Dean Cemetery | DATE OF BURIAL 191

20 UNDERTAKER Jim Archer | ADDRESS

Form V. S. No. 4 20M Tennessee Industrial School Print.