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 20185

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. 5th

Registration District No. 44405

File No.

or Village

Primary Registration District No.

Registered No.

or City (No. , St.; Ward)

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

2 FULL NAME Reuben Carter

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: M; 4 COLOR OR RACE: W; 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single	16 DATE OF DEATH: 9 (Month) 27 (Day) 1927 (Year)
6 DATE OF BIRTH: (Month) (Day), 1 (Year)	17 I HEREBY CERTIFY, That I attended deceased from 9/ 1927, to 9/ 1927, that I last saw him alive on 9/ 1927 and that death occurred, on the date stated above, at 10 A M
7 AGE: 7 yrs. mos. ds. If LESS than 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows: Acute Diphtheria Laryngeal type. [Duration] yrs. mos. 10 ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work: Schoolboy. (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory [SECONDARY] [Duration] yrs. mos. ds.
9 BIRTHPLACE (State or country): Tenn	Signed L. L. Anderson M. D. 9/ 1927 Address Gainesboro
PARENTS — 10 NAME OF FATHER: Jno. Tock Carter	*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.
11 BIRTHPLACE OF FATHER [State or country]: Tenn	18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS] At place of death yrs. mos. ds. In the State yrs. mos. ds.
12 MAIDEN NAME OF MOTHER: Lassie Hargis.	Where was disease contracted, if not at place of death?
13 BIRTHPLACE OF MOTHER [State or country]: Tenn.	Former or usual residence
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Jno. T. Carter [Address] Granville R. 1.	19 PLACE OF BURIAL OR REMOVAL; DATE OF BURIAL 192
15 Filed Oct 11 1927 H. S. Holleman REGISTRAR	20 UNDERTAKER; ADDRESS