

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. 3
 OR
 Village _____
 OR
 City _____ (No. _____, St. _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics 20186
 CERTIFICATE OF DEATH

Registration District No. _____ File No. _____
 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 _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) S
 6 DATE OF BIRTH 8 23 1927
 (Month) (Day) (Year)

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

8 OCCUPATION
 (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) Texas

10 NAME OF FATHER Hoyard Carter

11 BIRTHPLACE OF FATHER [State or country] T

12 MAIDEN NAME OF MOTHER Blonnie Burton

13 BIRTHPLACE OF MOTHER [State or country] T

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Veda Burton
 [Address] Grainville Rd.

15 Filed Oct 11 1927 H. S. Holliman
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 24 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 192 _____, to _____, 192 _____, that I last saw h _____ alive on _____, 192 _____, and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
under development. 160
 [Duration] _____ yrs. _____ mos. 10 hrs.

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

Signed L. P. Anderson M. D.
8/24 1927 Address Garrettsville, W. Va.

* 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.

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 Burton Cem. DATE OF BURIAL 8/24 1927

20 UNDERTAKER Tom Burton Grainville ADDRESS _____