

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 Jackson STATE BOARD OF HEALTH
 Civil Dist. NO 6 Bureau of Vital Statistics
 OR Registration District No. 44 406 File No. 11
 Village _____ Primary Registration District No. _____ Registered No. _____
 OR City _____ (No. _____ St.; _____ Ward) _____
 2 FULL NAME Gordell Coy [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 3 1899
 (Month) (Day) (Year)

7 AGE 28 yrs. 7 mos. 23 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. Farming
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Jackson

PARENTS

10 NAME OF FATHER John Coy

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Sissie Bokes

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Rubbie Coy
 [Address] Gainesboro

15 Filed Sept 30 1927 Wm H Norton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 26 1927
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 28 1927 to Sept 24 1927, that I last saw him alive on Sept 24 1927 and that death occurred, on the date stated above, at 9 A M
 The CAUSE OF DEATH* was as follows: typhoid fever
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed W M McCom M. D.
Sept 30 1927 Address Gainesboro R B

* 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 Lynn's Cemetery DATE OF BURIAL Sept 28 1927
 20 UNDERTAKER Tom Berry ADDRESS Gainesboro