

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	
Civil Dist. <u>No 6</u>		Bureau of Vital Statistics <u>20188</u>	
OR		CERTIFICATE OF DEATH	
Village		Registration District No. <u>44406</u>	File No. <u>10</u>
OR		Primary Registration District No.	
City (No. _____ St.; Ward _____)		Registered No. _____	
2 FULL NAME <u>Carolis Lynn</u>			
PERSONAL AND STATISTICAL PARTICULARS			
3 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>	
6 DATE OF BIRTH <u>Sept 13 1909</u> (Month) (Day) (Year)			
7 AGE <u>17 yrs. 11 mos. 2 ds.</u>		If LESS than 1 day, _____ hrs. or _____ min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farming 010</u> (b) General nature of industry, business, or establishment in which employed (or employer).			
9 BIRTHPLACE (State or country) <u>Jackson Co</u>			
PARENTS			
10 NAME OF FATHER <u>Joe Lynn</u>			
11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Co</u>			
12 MAIDEN NAME OF MOTHER <u>Merry Rios</u>			
13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Co</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
[Informant] <u>Joe Lynn</u>			
[Address] <u>Gainesboro Tenn</u>			
15 Filed <u>Sept 24 1927</u> <u>Mrs T H Norton</u> REGISTRAR			
MEDICAL CERTIFICATE OF DEATH			
16 DATE OF DEATH <u>Aug 18 1927</u> (Month) (Day) (Year)			
17 I HEREBY CERTIFY, That I attended deceased from <u>July 28 1927</u> to <u>Aug 14 1927</u> , that I last saw him live on <u>Aug 14 1927</u> and that death occurred, on the date stated above, at <u>9 PM</u> The CAUSE OF DEATH* was as follows: <u>Dyspepsia</u>			
[Duration] _____ yrs. _____ mos. _____ ds.			
Contributory [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.			
Signed <u>N M McCoin</u> M. D. <u>Sept 24 1927</u> Address <u>Gainesboro R 3</u>			
* 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. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? Former or usual residence _____			
19 PLACE OF BURIAL OR REMOVAL <u>Lynn's Cemetery</u>		DATE OF BURIAL <u>Aug 16 1927</u>	
20 UNDERTAKER <u>Tom Berry</u>		ADDRESS <u>Gainesboro</u>	