

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

CERTIFICATE OF DEATH

20189

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 11
 OR
 Village _____
 OR
 City _____ (No. _____, St.; Ward _____)
 Registration District No. 444 11
 Primary Registration District No. 11
 File No. _____
 Registered No. 6
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Jno. Isaac Harris

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>m</u>	4 COLOR OR RACE <u>w</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>8</u> / <u>1</u> / <u>1927</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>11</u> / <u>14</u> / <u>1926</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>July 20</u> 1927, to <u>Aug 1</u> , 1927, that I last saw him alive on <u>Aug 1</u> , 1927 and that death occurred, on the date stated above, at <u>9 A M</u>	
7 AGE <u>8</u> yrs. <u>17</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>Chron. Illocolitis</u> <u>& Furunculosis 113</u> [Duration] _____ yrs. _____ mos. <u>12</u> ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory [SECONDARY] <u>Broncho. Pneu.</u> [Duration] _____ yrs. _____ mos. <u>2</u> ds.	
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Signed <u>L. P. Anderson</u> M. D. <u>8/2</u> 1927 Address <u>Marinsboro</u>	
PARENTS	10 NAME OF FATHER <u>Russell Harris</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.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn.</u>		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 _____	
	12 MAIDEN NAME OF MOTHER <u>Fannie Jones</u>		19 PLACE OF BURIAL OR REMOVAL <u>New Salem Cem</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn.</u>		DATE OF BURIAL <u>8/2</u> 1927		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Russell Harris</u> [Address] <u>Marinsboro</u>			20 UNDERTAKER <u>Wes Jones</u> <u>Marinsboro</u>	
15 Filed <u>9/10</u> 1927 <u>L. P. Anderson</u> REGISTRAR				