

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. No 8.
 or
 Village _____
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 20193
 Registration District No. A4405
 Primary Registration District No. _____
 File No. M
 Registered No. _____

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

2 FULL NAME Marion Harris

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>M</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>married</u>	16 DATE OF DEATH <u>Sept 10th 1927</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>49</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 10th 1927</u> to <u>Aug 31, 1927</u> that I last saw him alive on <u>Aug 31, 1927</u> and that death occurred, on the date stated above, at <u>10th M</u>	
7 AGE <u>79</u> yrs. mos. ds.			The CAUSE OF DEATH* was as follows: <u>Carcinoma of the prostate and Colon.</u> [Duration] <u>3</u> yrs. mos. 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] [Duration] yrs. mos. ds.	
9 BIRTHPLACE (State or country) <u>Tenn</u>			Signed <u>L. C. Gray</u> M. D. 1927 Address <u>Chambersburg Tenn</u>	
10 NAME OF FATHER <u>William Harris</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SELF-KILLED, 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>Matilda Harris</u>			19 PLACE OF BURIAL OR REMOVAL <u>Allen Cemetery</u>	
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</u>			DATE OF BURIAL _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] _____ [Address] _____			20 UNDERTAKER <u>Jim Duke</u> ADDRESS _____	
15 Filed _____ 1927 <u>most m. Coan</u> REGISTRAR				