

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

1 PLACE OF DEATH
County Jackson
Civil Dist. #4
OR
Village _____
OR
City _____ (No. _____ St. _____ Ward _____)

Registration District No. H4404 File No. _____
Primary Registration District No. _____ Registered No. 4

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 2 1927
(Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
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) _____

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Bordell Webb

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Earl Davis

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] H B Webb
[Address] Red Boiling Springs

15 Filed 10-3-27 Pat Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 2 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1927 to Oct 2 1927, that I last saw him alive on 4 a m Oct 2 1927 and that death occurred, on the date stated above, at 834 M
The CAUSE OF DEATH* was as follows: 159 b
Primitive
birth + failure to breathe
adequate to close properly
[Duration] yrs. mos. ds.

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

Signed H. B. Clark M.D. M. D.
Oct 20 1927 Address Red Boiling Springs

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Faydenburg R 1

19 PLACE OF BURIAL OR REMOVAL Mount Grove DATE OF BURIAL 10-2-1927

20 UNDERTAKER Primo's (act) ADDRESS Red Boiling Springs