

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 13
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 44413

Primary Registration District No. _____

Registered No. 27054

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

2 FULL NAME Clay Switzer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH July 15 1894
(Month) (Day) (Year)

7 AGE 33 yrs. 4 mos. 8 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Farmer - 000
(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) Tenn.

10 NAME OF FATHER Leat Switzer

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Ann Watson

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Harley Switzer
[Address] Whitleyville, Tenn.

15 Filed 1-2-1928 J. D. Switzer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH Nov - 23 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 192____, to _____ 192____, that I last saw h_____ alive on _____ 192____

and that death occurred, on the date stated above, at 5-45 M
The CAUSE OF DEATH* was as follows: 205b

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

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

Signed A. E. Reese M. D.
_____ 192____ Address _____

* 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 33 yrs. 4 mos. 8 ds. In the 33 yrs. 4 mos. 8 ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Keokuk County DATE OF BURIAL 11-24-1927

20 UNDERTAKER Harley Switzer ADDRESS Whitleyville, Tenn.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.

NOT ON

ans-