

DO NOT TEAR OUT
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 6
OR
Village _____
OR
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 44406
Primary Registration District No. _____

28766
File No. 1

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

2 FULL NAME Gowder Kirkpatrick

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)
6 DATE OF BIRTH July 21, 1926
(Month) (Day) (Year)
7 AGE 1 yrs. 8 mos. 22 ds. If LESS than 1 day, hrs. or min.?

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) Jackson Co

10 NAME OF FATHER After Kirkpatrick

11 BIRTHPLACE OF FATHER (State or country) Clay County

12 MAIDEN NAME OF MOTHER Isabel Young

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] after Kirkpatrick
[Address] Gainesboro

15 Filled Jan 28 1928 Wm H Hester
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 13, 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 _____ M. The CAUSE OF DEATH* was as follows: 205.6

Summer Complaint
[Duration] yrs. mos. ds.

Contributory [SECONDARY] _____
Signed did not have any 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 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 _____

19 PLACE OF BURIAL OR REMOVAL Antioch Cemetery DATE OF BURIAL Aug 13 1927
20 UNDERTAKER Mrs Louis Harris ADDRESS _____