

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 1
 OR
 Village _____
 OR
 City Gainesboro Tenn (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

1846

Registration District No. 441

File No. 2

Primary Registration District No. 440A1

Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Harbert James

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 _____ (Month) _____ (Day) _____ (Year)

7 AGE 28 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Farmer (a) Trade, profession, or particular kind of work. General farming (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE 11" Jackson County Tenn (State or country)

10 NAME OF FATHER James Jones

11 BIRTHPLACE OF FATHER Jackson Co. Tenn (State or country)

12 MAIDEN NAME OF MOTHER Clara Allen

13 BIRTHPLACE OF MOTHER Jackson County Tenn (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] _____

[Address] _____

15 Filed J. C. 29 Mar 21 H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 26 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 19th 1929 to June 26th 1929, that I last saw him alive on June 26th 1929, and that death occurred, on the date stated above, at 8 P. M

The CAUSE OF DEATH* was as follows:
Pneumonia
 [Duration] _____ yrs. _____ mos. 8 ds.

Contributory [SECONDARY] none
 [Duration] _____ yrs. _____ mos. _____ ds.

Signed C. E. Reeds M. D.
Feb 6, 1929 Address Gainesboro Tenn

* 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.

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 Anniscemway DATE OF BURIAL Jan 27 19

20 UNDERTAKER Not known ADDRESS _____