

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

1851

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 12
OR
Village Mayfield
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 44412

Primary Registration District No. 12

File No. 2

Registered No. 2

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

2 FULL NAME Joe Welner Pippin

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 1918
(Month) (Day) (Year)

7 AGE about 10 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION School Boy
(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 Tenn

10 NAME OF FATHER Bill Louis Pippin

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

12 MAIDEN NAME OF MOTHER Manawa Rollins

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Loaf Martin
[Address] Co Mayfield

15 Filed Jan 22 1929 John B. Billingsley REGISTRAR
Jamesboro R3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 9 1929
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1929 to Death 1929, that I last saw him live on Jan 8 1929 and that death occurred, on the date stated above, at M
The CAUSE OF DEATH* was as follows:

Operation for appendicitis
Died from the effects

[Duration] yrs. mos. ds. 8

Contributory [SECONDARY]

[Duration] yrs. mos. ds.
Signed N. M. McCain M. D.
Jan 22 1929 Address Jamesboro R3

* 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 Byers Cemetery DATE OF BURIAL Jan 10 1929

20 UNDERTAKER W. P. Loftis ADDRESS Mayfield