

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 Dis. X-3

or

Village _____ Registration District No. 4444

or

City _____ Primary Registration District No. 3

(No. _____ St.; _____ Ward)

2 FULL NAME Zander Ray

File No. _____

Reg. No. _____

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

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

5291

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single, Married, <input checked="" type="checkbox"/> Widowed, or divorced (Write the word)
6 DATE OF BIRTH <u>6</u> (Month) <u>20</u> (Day) <u>1883</u> (Year)		
7 AGE <u>46</u> yrs. <u>6</u> mos. <u>10</u> da.		8 If LESS than 1 day, ___ hrs. or ___ min.?
9 OCCUPATION (a) Trade profession or particular kind of work <u>Hom. Cozy</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
10 BIRTHPLACE (State or country) <u>Ind.</u>		
PARENTS	11 NAME OF FATHER <u>Whade V. Ray</u>	
	12 BIRTHPLACE OF FATHER (State or country) <u>Ind.</u>	
	13 MAIDEN NAME OF MOTHER <u>Martha Horgan</u>	
	14 BIRTHPLACE OF MOTHER (State or country) <u>Ind.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
2 (Month) 2 (Day) 1929 (Year)

17 I HEREBY CERTIFY, That I attend deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows: 168 Hanging Himself

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

* Signed _____, 19____ address _____, M. D.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie Ray

(Address) Dixie St. Ind.

15 Filed 7 3 1929 B. J. Ray Registrar

*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 Ray Cemetery DATE OF BURIAL 2-3 1929

20 UNDERTAKER Lon Widd ADDRESS Willette Ind.