

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

5294

File No. 5

Registration District No. 44404

Primary Registration District No.

Registered No.

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

1 PLACE OF DEATH

County Jackson
Civil Dist. No. 6
OR
Village
OR
City

(No. , St.; Ward)

2 FULL NAME Unnamed Hawkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Wh 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant
6 DATE OF BIRTH Jan 6 1929
(Month) (Day) (Year)
7 AGE 1 yrs. 6 mos. 6 ds.
If LESS than 1 day, hrs. or 5 min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Sam J. Hawkins

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Pro Smith

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Sam Hawkins

[Address] Grainestown Tenn

15

Filed March 6 1929 Mrs T. H. Norton

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 6 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 6 1929 to Jan 6 1929, that I last saw lx alive on Jan 6 1929 and that death occurred, on the date stated above, at 10:30 M

The CAUSE OF DEATH* was as follows:
Asphyxia Mechanicorum
Trauma
162
[Duration] yrs. mos. ds.

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

Signed H. C. Gann M. D.
Jan 8 1929 Address Grainestown

* 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 In the State of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Grainestown Cemetery DATE OF BURIAL Jan 7 1929

20 UNDERTAKER ADDRESS

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.

EG

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