

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			STATE OF TENNESSEE		
County <u>Jackson</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>13</u>			CERTIFICATE OF DEATH		
OR Village _____			Registration District No. <u>44413</u>		
OR City _____ (No. _____, St.; _____ Ward)			File No. _____		
OR City _____ (No. _____, St.; _____ Ward)			Registered No. _____		
2 FULL NAME <u>John Wesley Sisco</u>			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u> (Write the word)	16 DATE OF DEATH: <u>April 2</u> , 19 <u>29</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>Jan 5</u> , 19 <u>50</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Feb. 24</u> , 19 <u>29</u> , to <u>Feb. 30</u> , 19 <u>29</u> , that I last saw him alive on <u>Feb. 30</u> , 19 <u>29</u> and that death occurred, on the date stated above, at <u>8 A M</u> The CAUSE OF DEATH* was as follows: <u>75 a Hemiplegia</u>		
7 AGE <u>79</u> yrs. <u>2</u> mos. <u>27</u> ds.	If LESS than 1 day, _____ hrs. or _____ min.?		[Duration] _____ yrs. _____ mos. _____ ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer 000</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Signed <u>J. D. [unclear]</u> M. D. <u>April 3</u> , 19 <u>29</u> Address <u>Whitleyville</u>		
PARENTS	10 NAME OF FATHER <u>John Wesley Sisco</u>		* 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.		
	11 BIRTHPLACE OF FATHER [State or country] <u>Don't know</u>		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS] At place <u>79</u> yrs. <u>2</u> mos. <u>27</u> ds. In the State <u>79</u> yrs. <u>2</u> mos. <u>27</u> ds.		
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Riley</u>		Where was disease contracted, if not at place of death? _____ Former or usual residence _____		
13 BIRTHPLACE OF MOTHER [State or country] <u>N.C.</u>		19 PLACE OF BURIAL OR REMOVAL <u>Putnam County, Tenn.</u> DATE OF BURIAL <u>April 3</u> , 19 <u>29</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Mr. W. J. Sisco</u> [Address] <u>Whitleyville</u>			20 UNDERTAKER <u>None</u> ADDRESS _____		
15 Filed <u>4-2</u> , 19 <u>29</u> <u>J. D. [unclear]</u> REGISTRAR					