MARGIN RESERVED FOR BINDING

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
CERTIFICATE OF DEATH

13110

1 PLACE OF DEATH

County Jackson

Civil Dist. 15 or Village .... or City .... (No. .... St.; .... Ward)

Registration District No. 44415

Primary Registration District No. ....

File No. 9

Registered No. ....

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

2 FULL NAME Ray Castel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m

4 COLOR OR RACE w

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) X

6 DATE OF BIRTH 0 (Month) .... (Day) 1 .... (Year)

7 AGE .... yrs. 6 mos. .... ds. If LESS than 1 day, ... hrs. or .... min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Howard Castel

11 BIRTHPLACE OF FATHER [State or country] Tenn

12 MAIDEN NAME OF MOTHER Pearl Hamlet

13 BIRTHPLACE OF MOTHER [State or country] Ten

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Verda Dawson

[Address] Gainesboro

15

Filed .... 191 Mrs T M Eason REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 [Month] 20 [Day] 1929 [Year]

17 I HEREBY CERTIFY, That I attended deceased from No Physician to ...., 191 ...., that I last saw h........ alive on .... 191 .... and that death occurred, on the date stated above, at .... M

The CAUSE OF DEATH* was as follows:

205b D

Chicken Pox

[Duration] .... yrs. .... mos. 5 ds.

Contributory [SECONDARY] ....

[Duration] .... yrs. .... mos. .... ds.

Signed No Physician M. D.

........, 191 .... Address ....

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Pleasant Hill

DATE OF BURIAL 4 191

20 UNDERTAKER X

ADDRESS ....

Form V. S. No. 4—20M. Tennessee Industrial School Print.