

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 Dist. 11th
 OR
 Village _____
 OR
 City _____ (No. _____, St., Ward _____)

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

13111

Registration District No. 44411

File No. _____

Primary Registration District No. 11

Registered No. 6

2 FULL NAME Jno. B. Brown

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)

6 DATE OF BIRTH 4 3 1854
 (Month) (Day) (Year)

7 AGE 75 yrs. 1 mos. 14 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Merida Brown

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Leona Brown
 [Address] Gainesboro R 3

15
 Filed 6-14-1929 L.P. Anderson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 5 17 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 2 1929, to May 16 1929, that I last saw him alive on May 16, 1929, and that death occurred, on the date stated above, at 9 A M

The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart, & Chronic Nephritis
 [Duration] 2 yrs. 129 mos. ds.

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

Signature L.P. Anderson M. D.
May 1929. Address Gainesboro

* 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 Gainesboro DATE OF BURIAL May 18 1929
 20 UNDERAKER Prophet & Sons ADDRESS Gainesboro