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

15339

1 PLACE OF DEATH

County Jackson

Civil Dist. 8

or Village

or City (No. , St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

Registration District No. 44015

Primary Registration District No. 443

File No. 11

Registered No.

2 FULL NAME Jasper Buck

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: 4 (Month) 14 (Day) 1868 (Year)

7 AGE: 61 yrs. 1 mos. 18 ds. If LESS than 1 day, ...hrs. or ......min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work: Farmer 000

(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Jackson

PARENTS

10 NAME OF FATHER: Anderson Buck

11 BIRTHPLACE OF FATHER [State or country]: Ten

12 MAIDEN NAME OF MOTHER: Elizabeth Beasley

13 BIRTHPLACE OF MOTHER [State or country]: Ten

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

[Address]

15 Filed ......191... Mr. J M Cason REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from ......191..., 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: something like Colick found dead in bed 205b

[Duration] ...yrs. ...mos. ...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: June 3 1929

20 UNDERTAKER: X — ADDRESS

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