

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 Dis. No 1
 or
 Village _____
 or
 City Jamesboro (No. _____ St. _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

17719

File No. 12

Reg. No. _____

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

2 FULL NAME

George M. Flynn Jr

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or divorced (Write the word) married

6 DATE OF BIRTH _____ (Month) _____ (Day) 1 _____ (Year)

7 AGE about 50 If LESS than 1 day, ___ hrs. or ___ min.?

8 OCCUPATION (a) Trade profession or particular kind of work Own a Restaurant (b) General nature of industry, business, or establishment in which employed (or employer) 244

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER George Flynn

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MOTHER'S NAME Orvola

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ms Ada Finley

(Address) Jamesboro

15 Filed July 9, 1929 ms R M H Registrar

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attend deceased from June 5 1929, to June 5 1929, that I last saw him alive on June 5 1929, and that death occurred, on the date stated above, at 11 M

The CAUSE OF DEATH was as follows: Heart that was
of heart and abdomen
Homicide 1927
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

Signed R. B. Taylor M. D. by 6 1929 address Jamesboro

*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 Anderson DATE OF BURIAL July 6, 1929

20 UNDERTAKER Trapp and ADDRESS Jamesboro