

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 20154

1 PLACE OF DEATH
 County Jackson
 Civil Dist. # 4
 OR
 Village _____
 OR
 City _____ (No. _____ St.; Ward _____)

Registration District No. 44404
 Primary Registration District No. _____
 File No. _____
 Registered No. 5
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH Aug - 14, 1929
 (Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, 4 hrs. or 25 min.?
 yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Luke Smith McGee

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mrs. Belle Lee

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Luke McGee
 [Address] Haydenburg

15 Filed 9-6-29 1929 Pat Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug - 15, 1929
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 14, 1929, to July 15, 1929, that I last saw him alive on July 15, 1929 and that death occurred, on the date stated above, at 4:15 M
 The CAUSE OF DEATH* was as follows: Strangulation

 [Duration] yrs. mos. ds.

Contributory [SECONDARY] Strangulation

 [Duration] yrs. mos. ds.

Signed J. D. Duncanson M. D.
Aug - 15, 1929 Address Whitney Hill

* 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 Haydenburg

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Franklin County 8-16-29

20 UNDERTAKER ADDRESS
Hand Act Haydenburg