STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

20155

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. 5th
or Village
or City (No. St.; Ward)

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

2 FULL NAME Bedford Anderson Wade.

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: 3 (Month) 12 (Day) 1926 (Year)

7 AGE: 3 yrs. 4 mos. 8 ds. If LESS than 1 day, ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Tenn.

PARENTS
10 NAME OF FATHER: Littleton Wade
11 BIRTHPLACE OF FATHER [State or country]: Tenn.
12 MAIDEN NAME OF MOTHER: Margaret Vinson
13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Littleton Wade
[Address] Granville R. 1.

15 Filed Sept 11 1929 H. S. Holleman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 7 [Month] — 20 [Day] — 1929 [Year]

17 I HEREBY CERTIFY, That I attended deceased from July 14th 1929 to July 19th 1929, that I last saw him alive on July 19th 1929 and that death occurred, on the date stated above, at 3 A.M.

The CAUSE OF DEATH* was as follows: Colitis. 114

[Duration] yrs. mos. 10 ds.

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

Signed L. R. Anderson M. D.
July 20th 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: Vinson Cem.
DATE OF BURIAL: July 20th 1929

20 UNDERTAKER: Bill Vinson
ADDRESS: Granville R. 1.