

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. 14th
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

20160

Registration District No. 444
 Primary Registration District No. 14

File No. _____
 Registered No. _____

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

2 FULL NAME Geo. Ramsey

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 3 1929
 (Month) (Day) (Year)

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

8 OCCUPATION Baby
 (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.

10 NAME OF FATHER Duval Ramsey

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Paul Morrison

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Duval Ramsey
 [Address] Gainsboro

15 Filed Sept 11 1929 Priny Jay

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 4 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from July 1 1929 to July 4 1929, that I last saw him alive on July 4 1929 and that death occurred, on the date stated above, at 6 P M
 The CAUSE OF DEATH* was as follows:
Colitis

[Duration] yrs. mos. ds. 2

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

Signed L. R. Gainsboro M. D.
 _____ 1929 Address Gainsboro

* 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 Prof. Gentry DATE OF BURIAL July 4 1929

20 UNDERTAKER Prof. Gentry ADDRESS July 4 20