

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

20161

1 PLACE OF DEATH
County Jackson
Civil Dist. 14th
OR
Village _____
OR
City _____

Registration District No. 444
Primary Registration District No. 14
(No. _____ St.; _____ Ward)

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

2 FULL NAME Oroville 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 10 (Month) 5 (Day) 1926 (Year)

7 AGE 3 yrs. 23 mos. 23 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Georgia

10 NAME OF FATHER Duval Ramsey

11 BIRTHPLACE OF FATHER (State or country) Georgia

12 MAIDEN NAME OF MOTHER Pink Murren

13 BIRTHPLACE OF MOTHER (State or country) Georgia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Duval Ramsey
[Address] Dainshaw RY

15 3 (Day) July (Month) 1929 (Year)
Filed _____

Bury Ray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 28, 1929
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1929, to June 27, 1929, that I last saw him alive on June 27, 1929, and that death occurred, on the date stated above, at 9 AM

The CAUSE OF DEATH* was as follows: Colitis 114

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

Contributory [SECONDARY] _____

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

Signed L. P. Anderson M. D.

1929 Address Dainshaw RY

* 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 _____ DATE OF BURIAL _____

20 UNDERTAKER Hot Mont June 29, 1929

ADDRESS _____