

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		STATE OF TENNESSEE	
County	<i>Jackson</i>	STATE BOARD OF HEALTH	Bureau of Vital Statistics
Civil Dist.		Registration District No.	File No. <i>29722</i>
OR		Primary Registration District No.	Registered No.
Village		(No. <i> </i> St.; <i> </i> Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
OR			
City			
2 FULL NAME		<i>James Alfred Huff</i>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
<i>Male</i>	<i>White</i>	<i>single</i>	<i>Nov 1 1929</i> [Month] [Day] [Year]
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from <i>Octo 1929</i> to <i>Nov 26, 1929</i>		that I last saw <i>him</i> live on <i>Nov 26, 1929</i>
<i>4 30 1925</i> (Month) (Day) (Year)	and that death occurred, on the date stated above, at <i> </i> M		The CAUSE OF DEATH* was as follows: <i>3 degree burn of hip and leg</i>
7 AGE	If LESS than 1 day, <i> </i> hrs. or <i> </i> min.?		[Duration] <i> </i> yrs. <i> </i> mos. <i> </i> ds.
<i>4</i> yrs. <i>6</i> mos. <i>1</i> ds.	8 OCCUPATION		Contributory [SECONDARY] <i>Playing with matches in yard</i>
(a) Trade, profession, or particular kind of work	<i> </i>		[Duration] <i> </i> yrs. <i> </i> mos. <i> </i> ds.
(b) General nature of industry, business, or establishment in which employed (or employer)	<i> </i>		Signed <i>L. M. Furman</i> M. D.
9 BIRTHPLACE (State or country)	<i>Smith Co</i>		<i> </i> 192 <i> </i> Address <i>Greenville Tenn</i>
10 NAME OF FATHER	<i>Andy Huff</i>		* 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.
11 BIRTHPLACE OF FATHER (State or country)	<i>Jackson Co</i>		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]
12 MAIDEN NAME OF MOTHER	<i> </i>		At place of death <i> </i> yrs. <i> </i> mos. <i> </i> ds. In the State <i> </i> yrs. <i> </i> mos. <i> </i> ds.
13 BIRTHPLACE OF MOTHER (State or country)	<i>Smith Co</i>		Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	[Informant] <i> </i>		Former or usual residence <i> </i>
[Address] <i> </i>	15		19 PLACE OF BURIAL OR REMOVAL
15	Filed <i>Dec 26 1929</i> <i>W. B. Holloman</i> REGISTRAR		DATE OF BURIAL <i>Nov 7 1929</i>
			20 UNDERTAKER <i>W. B. Holloman Co</i>
			ADDRESS <i>Greenville</i>