Form V. S. No. [illegible]—40M—Jan. 25, 1927.
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

29745

1 PLACE OF DEATH
County Jackson
Civil Dist. No. 8
or Village
or City (No. St.; Ward)

Registration District No. 442
Primary Registration District No. 4440 [illegible]
File No. 16
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James Hawkins

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: M — 4 COLOR OR RACE: W — 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married	16 DATE OF DEATH: Nov (Month) 15 (Day) 1929 (Year)
6 DATE OF BIRTH: (Month) (Day) 1 (Year)	17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1929, to Nov 15, 1929, that I last saw him alive on Nov 15, 1929 and that death occurred, on the date stated above, at M
7 AGE: 65 yrs. mos. ds. — If LESS than 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows: General Paralysis of the Insane. [Duration] yrs. 4 mos. ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work: Farmer — 000 (b) General nature of industry, business, or establishment in which employed (or employer)	76
9 BIRTHPLACE (State or country): Tenn.	Contributory (SECONDARY) [Duration] yrs. mos. ds.
PARENTS 10 NAME OF FATHER: James Hawkins	Signed R. C. Gaines [illegible] M. D.
11 BIRTHPLACE OF FATHER (State or country): Tenn	19 Address Gainesboro Tenn
12 MAIDEN NAME OF MOTHER: Emeline Baily	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country): Tenn	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
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Ellis (Address) Gainesboro	19 PLACE OF BURIAL OR REMOVAL — DATE OF BURIAL 1929
15 Filed, 19 — Mrs. [illegible] McCoin, REGISTRAR	20 UNDERTAKER — ADDRESS