

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 Kutwaha
 Civil Dist. First
 or
 Village
 or
 City Coopersville Tenn (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

341

Registration District No. 721
 Primary Registration District No. 47201
 File No. _____
 Registered No. 5

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

2 FULL NAME Jacob H. Davis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed
 6 DATE OF BIRTH Nov 27, 1847
 (Month) (Day) (Year)
 7 AGE 76 yrs. 9 mos. 15 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) 000

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Steven Davis

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Kattie Fite

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Ezra Davis
 (Address) Coopersville Tenn

15 Filed Feb 14, 1919 Lex Syer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 12, 1919
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1918, to Dec 15, 1918, that I last saw him live on Dec 15, 1918, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:
Chronic Dysentery
16c
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. F. Syer M. D.
 191____ (Address) Coopersville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

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 West Grove Yard DATE OF BURIAL Feb 14, 1919

20 UNDERTAKER Jore Whitman ADDRESS Coopersville