

MARGIN RESERVED FOR BINDING - 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 Pitkin
 Civil Dist. 20
 OR
 Village Baxter Tenn.
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. H 720
 Primary Registration District No. _____

File No. 130
9
 Registered No. _____

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

2 FULL NAME J. P. Brassell

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 4 1910
 (Month) (Day) (Year)

7 AGE 12 yrs. 6 mo. 6 da. or min.?
 If LESS than 1 day, _____ hrs.

8 OCCUPATION going to school
 (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) Tennessee

10 NAME OF FATHER W. C. Brassell

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER Fannie Elmore

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] W. C. Brassell

[Address] _____

15 Filed 9/10 1922 A. R. Judd
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20 1922 to July 10 1922
 that I last saw him alive on July 10 1922
 and that death occurred, on the date stated above, at 5:30 M
 The CAUSE OF DEATH* was as follows:
Typhoid fever 1a

[Duration] _____ yrs. _____ mos. _____ da.

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

Signed W. T. Sewell M. D.
July 14 1922 Address Baxter Tenn.
 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. _____ da. In the State _____ yrs. _____ mos. _____ da.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Old fellow cemetery DATE OF BURIAL July 14 1922

20 UNDERTAKER Will T. Sewell ADDRESS Baxter Tenn.