

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		344
County <u>Kutawass</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>3rd</u>			Bureau of Vital Statistics		
OR			CERTIFICATE OF DEATH		
Village			Registration District No. <u>722</u>	File No. <u>1</u>	
OR			Primary Registration District No. <u>47203</u>		Registered No. <u>2</u>
City <u>Looksville Route 6</u> (No. _____ St.; _____ Ward)			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME <u>J. Levi Jackson</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>M</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>June 17 1923</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>March 6 1840</u> (Month) (Day) (Year)			I HEREBY CERTIFY, That I attended deceased from <u>June 14 1923</u> , to <u>June 17, 1923</u> , that I last saw him alive on <u>June 17, 1923</u> and that death occurred, on the date stated above, at <u>1 P M</u>		
7 AGE <u>82 yrs. 3 mos. 11 ds.</u>			The CAUSE OF DEATH* was as follows: <u>Impacted Bowel</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (State or country) <u>Tennessee</u>			Contributory [SECONDARY] <u>J. F. Nyst</u> [Duration] _____ yrs. _____ mos. _____ ds.		
10 NAME OF FATHER <u>Newell Jackson</u>			Signed _____ M. D. 191 _____ Address <u>Looksville</u>		
11 BIRTHPLACE OF FATHER [State or country] <u>Don't know</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
12 MAIDEN NAME OF MOTHER <u>Don't know.</u>			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 _____		
13 BIRTHPLACE OF MOTHER [State or country] <u>Don't know.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Looksville Tenn</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Stanton Bohannon</u> [Address] <u>Looksville P.F.S. 6</u>			DATE OF BURIAL <u>June 18 23</u>		
15 Filed <u>23</u> <u>R.B. Blouse</u> REGISTRAR			20 UNDERTAKER <u>Stanton Bohannon</u> ADDRESS <u>Looksville</u> <u>Route 6 P.F.S.</u>		