

MARGIN RESERVED FOR BINDING  
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 Pitman  
 Civil Dist. 2  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

25271

CERTIFICATE OF DEATH

Registration District No. 47205 File No. 7  
 Primary Registration District No. \_\_\_\_\_ Registered No. 7

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

2 FULL NAME Thomas Benton Jackson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH \_\_\_\_\_, 1\_\_\_\_\_, \_\_\_\_\_  
(Month) (Day) (Year)

7 AGE 60 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

8 OCCUPATION Co. Lawyer  
(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) Wm.

10 NAME OF FATHER Stanley Jackson

11 BIRTHPLACE OF FATHER (State or country) Wm.

12 MAIDEN NAME OF MOTHER Sarah Bedwell

13 BIRTHPLACE OF MOTHER (State or country) Wm.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. J. B. Jackson  
 (Address) Cookville

15 Filed Nov 7, 1912 J. W. P. S.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 7, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1912 to Oct 6, 1912, that I last saw him alive on Oct 6, 1912 and that death occurred, on the date stated above, at 6 PM.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis 31

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) G. Dyer M. D.  
Nov 7, 1912 (Address) Cookville

\*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 Bears Center DATE OF BURIAL 10 17, 1912

20 UNDERTAKER J. W. Whitson ADDRESS Cookville