

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 White
 Civil Dist. 1st
 OR
 Village Spanta
 OR
 City (No. _____, St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 11778
 Registration District No. 941
 Primary Registration District No. 1
 File No. _____
 Registered No. 18

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 1 1917
 (Month) (Day) (Year)

7 AGE 45 yrs. mos. ds. If LESS than 1 day: _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Road Contractor
 (b) General nature of industry, business, or establishment in which employed (or employer) 144

9 BIRTHPLACE (State or country) Miss.

PARENTS

10 NAME OF FATHER John L. Dixon
 11 BIRTHPLACE OF FATHER [State or country] Miss.
 12 MAIDEN NAME OF MOTHER Mattie Boyd
 13 BIRTHPLACE OF MOTHER [State or country] Miss.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs Hester Dixon
 [Address] 2312 Belmont Blvd.

15
 Filed 5/28 1917 A. S. Richardson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 24 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1917 to _____ 1917, that I last saw him alive on _____ 1917 and that death occurred, on the date stated above, at _____ P. M. The CAUSE OF DEATH* was as follows:
Killed in Automobile accident 188c
 [Duration] _____ yrs. _____ mos. _____ ds.

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

Signed W. W. Johnson M. D.
 _____ 1917 Address _____

* 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 _____

DATE OF BURIAL _____
1917

20 UNDERTAKER W. S. Johnson ADDRESS Charleston Nashville Tenn