

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1919
357

1 PLACE OF DEATH
County Madison
Civil Dist. 1st
OR
Village
OR
City Nashville (No. 301-8 Queen St.; 17 Ward)

Registration District No. 21901

Primary Registration District No.

File No. 1728

Registered No. 1728

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

2 FULL NAME Pretymau Jones

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 22 1892
(Month) (Day) (Year)

7 AGE 47 yrs. 0 mos. 0 ds. If LESS than 1 day, 0 hrs. or 0 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)

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Byrd Jones

11 BIRTHPLACE OF FATHER [State or country] Waket Tenn

12 MAIDEN NAME OF MOTHER -

13 BIRTHPLACE OF MOTHER [State or country] -

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] Bailey Jones

[Address] Buffalo Valley T

15 Sept 6 1919 Alton J. Johns REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 6 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 2 1919, to Sept 6 1919, that I last saw him alive on Sept 6 1919 and that death occurred, on the date stated above, at 3:15 M

The CAUSE OF DEATH* was as follows: Prostatitis 135

[Duration] 2 yrs. 0 mos. 0 ds.

Contributory [SECONDARY] Cystitis
[Duration] 6 yrs. 0 mos. 0 ds.

Signature Frank Johnson M. D.
Sept 6 1919 Address Nashville 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 5 yrs. 0 mos. 0 ds. In the State Tenn 0 yrs. 0 mos. 0 ds.
Where was disease contracted, if not at place of death? Buffalo Valley
Former or usual residence -

19 PLACE OF BURIAL OR REMOVAL Buffalo Valley Tenn DATE OF BURIAL 7 1919

20 UNDERTAKER Davis Research Journal Co ADDRESS Lecky