

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

422

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County PutnamCivil Dist. 1st

Village

City Looksville (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 771Primary Registration District No. 27201File No. \_\_\_\_\_  
Registered No. 27

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

2 FULL NAME Austin Dyer Jackson

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH Jan. 1917  
(Month) (Day) (Year)7 AGE 1 23 yr. 2 mo. 1 da.  
(If less than 1 day, hrs. or min.)8 OCCUPATION  
(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) Tennessee10 NAME OF FATHER Olive Jackson11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Lena Price13 BIRTHPLACE OF MOTHER (State or country) Tennessee14 THE ABOVE IS TRUE BY THE BEST OF MY KNOWLEDGE  
(Informant) Lex Dyer(Address) Looksville15 Wesley Lex Dyer  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 9 1917  
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from Dec 1 1917 to Dec 9 1917  
(that I last saw him alive on Dec 9 1917)  
and that death occurred on the date stated above at 11 P. M.The CAUSE OF DEATH\* was as follows:  
Bronchial PneumoniaContributory (In company) Whispering Gangl  
(Duration) 9 mo. 1 da.Signed Lex Dyer M. D.  
Address Looksville

\* State the Disease Causing Death, or, in Deaths from Violent Causes, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SURGICAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death yr. mo. da. In the State yr. mo. da.  
Where was disease contracted, if not at place of death?  
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Love Lady Grave YdDATE OF BURIAL Dec 10 1917

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

MARGIN RESERVED FOR BINDING. WITH UNFOLDING LINE THIS IS A PERMANENT RECORD.  
WRITE PLAINLY. 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.