

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

330

1 PLACE OF DEATH

County PutnamCivil Dist. 2

Village _____

City Coopersville (No. _____ St.; Ward _____)Registration District No. 47202

Primary Registration District No. _____

File No. 32Registered No. 32

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

2 FULL NAME E. W. Jackson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)6 DATE OF BIRTH Jan 5, 1860
(Month) (Day) (Year)7 AGE 59 If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work farmer 000
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER Silas Jackson

11 BIRTHPLACE OF FATHER (State or country) _____

12 MAIDEN NAME OF MOTHER Susan Billingsley

13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. W. Jackson(Address) Coopersville R 415 Filed Jan 1919 E. W. Jackson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 19, 1919
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 19, 1919, to Jan 19, 1919that I last saw him alive on Jan 20, 1919and that death occurred, on the date stated above, at 12 P.M.The CAUSE OF DEATH* was as follows:
Broncho Pneumonia + D.D.

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) H. C. Claster M. D.
Jan 19, 1919 (Address) Coopersville

*State the DISEASE CAUSING DEATH, or, in death from VIOLENCE CAUSE, state (1) NATURE 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? at place of deathFormer or usual residence Medical Residence19 PLACE OF BURIAL OR REMOVAL Sligo Cemetery DATE OF BURIAL Jan 20, 191920 UNDERTAKER Edith Jackson ADDRESS Coopersville

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.

MARGIN RESERVED FOR BINDING