

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 Jackson  
Civil Dist. 13  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

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CERTIFICATE OF DEATH

Registration District No. 44413 File No. \_\_\_\_\_  
Primary Registration District No. 13 Registered No. \_\_\_\_\_

2 FULL NAME George Alexander McCowley

[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 Widower  
: Write the word

6 DATE OF BIRTH Dec - 24, 1833  
(Month) (Day) (Year)

7 AGE 83 yrs. 2 mos. 23 ds. If LESS than 1 day, -----hrs. or -----min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Tenn

PARENTS  
10 NAME OF FATHER Don't know  
11 BIRTHPLACE OF FATHER (State or country) \_\_\_\_\_  
12 MAIDEN NAME OF MOTHER Catsy McCowley  
13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. Martha Crowder  
(Address) Whitelyville Tenn

15 Filed Dec - 17, 1917 J. D. Curdles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov - 17, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov - 11, 1917, to Nov - 17, 1917 that I last saw him alive on Nov - 17, 1917, and that death occurred, on the date stated above, at 20 a.m.

The CAUSE OF DEATH\* was as follows: Lagrippe  
(Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) ----- yrs. ----- mos. ----- ds.  
(Signed) J. D. Curdles, M. D.  
Nov - 17, 1917 (Address) Whitelyville 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 83 yrs. ----- mos. ----- ds. In the State ----- yrs. ----- mos. ----- ds.  
Where was disease contracted, if not at place of death? at place of death  
Former or usual residence Whitelyville Tenn

19 PLACE OF BURIAL OR REMOVAL Whitelyville Burial Place DATE OF BURIAL Nov - 18, 1917

20 UNDERTAKER W. W. W. ADDRESS \_\_\_\_\_