

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

316

1 PLACE OF DEATH
 County Jefferson
 Civil Dist. 4 Registration District No. 44404 File No. _____
 or Village _____ Primary Registration District No. _____ Registered No. 9
 or City _____ (No. _____) St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME James Chismon Ray

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 Nov 1, 1845
(Month) (Day) (Year)

7 AGE 71 yrs. 7 mos. 12 ds. If LESS than 1 day, ----- hrs. or ----- 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) Jefferson Co Tenn

PARENTS

10 NAME OF FATHER Philip Ray

11 BIRTHPLACE OF FATHER (State or country) Not known

12 MAIDEN NAME OF MOTHER Sallie Graves

13 BIRTHPLACE OF MOTHER (State or country) Smith Co Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 13, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 28, 1917, to Aug 13, 1917, that I last saw him alive on July 28, 1917, and that death occurred, on the date stated above, at 7 1/2 m.

The CAUSE OF DEATH* was as follows:
Heart failure from Scurvy

Contributory Tuberculosis of Lung
(SECONDARY)

(Signed) C. S. Sisco, M. D.
Aug 13, 1917 (Address) Waynesburg 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 ----- yrs. ----- mos. ----- ds. In the State ----- yrs. ----- mos. ----- ds.
 Where was disease contracted, if not at place of death? -----
 Former or usual residence -----

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) C. S. Sisco
 (Address) Waynesburg Tenn

15 Filled 8/13, 1917 Pat Clark
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Hookham Grants **DATE OF BURIAL** Aug 14, 1917

20 UNDERTAKER Tom Will **ADDRESS** Willitt Tenn