

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 243

1 PLACE OF DEATH
County Jackson
Civil Dist. See Registration District No. _____
or Village Rough Point Primary Registration District No. 44401 Registered No. 3
or City _____ (No. _____, St.; Ward _____)
2 FULL NAME Bluford M. Cawley

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 28, 1877
(Month) (Day) (Year)

7 AGE 60 1 3 If LESS than
-----yrs.-----mos.-----ds. 1 day,-----hrs.
or-----min.?

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

9 BIRTHPLACE (State or country) Jackson Co Tenn

PARENTS

10 NAME OF FATHER S. M. M. Cawley

11 BIRTHPLACE OF FATHER (State or country) Jackson Co. Tenn

12 MAIDEN NAME OF MOTHER Sarah Lee

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alonso M. Cawley
(Address) Hainesboro Tenn

15 Filled Nov 13, 1917 J. E. Richmond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct-31-, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct-31, 1917, to Oct-31, 1917,
that I last saw him alive on Oct-31, 1917,
and that death occurred, on the date stated above, at 4:30 m.
The CAUSE OF DEATH* was as follows:
Tuberculosis 31

(Duration) 10 yrs.-----mos.-----ds.

Contributory Measles
(SECONDARY) (Duration)-----yrs.-----mos.-----ds.

(Signed) F. O. Cornwall, M. D.
Oct-31, 1917, (Address) Boyland T.

*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 _____

19 PLACE OF BURIAL OR REMOVAL Home Secretary DATE OF BURIAL Nov: 1st, 1917

20 UNDERTAKER J. E. Richmond ADDRESS Hainesboro Tenn