

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 Madison

Civil Dist. 15

Village _____

City Jackson, Tenn.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 585

File No. _____

Primary Registration District No. 25815

Registered No. 207

(No. Madison and W.C. St.; 2 Ward)

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

2 FULL NAME Jabez Pinkston

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 Dec. 3 1879
(Month) (Day) (Year)

7 AGE 36 yrs. 9 mos. 15 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) Lumber mill

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER S. D. Pinkston

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER M. M. Joyner

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) V. H. Morgan
(Address) 223 E. _____

15 Filed Aug. 21, 1916 W. R. Saunders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 21, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1916, to _____, 1916, that I last saw him alive on _____, 1916, and that death occurred, on the date stated above, at 7:10 a.m.

The CAUSE OF DEATH* was as follows: Boiler explosion
accident
sudden
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. R. Saunders, M. D.
7/21, 1916 (Address) Jackson

*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 Hollywood Cem. DATE OF BURIAL Aug. 27, 1916

20 UNDERTAKER Amphlett & Griffin ADDRESS Jackson