

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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 (DUPLICATE)				STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH		29419
County <u>Carroll</u>				Registration District No. <u>40912</u>		File No. _____
Civil Dis. <u>12</u> 12th.				Primary Registration District No. _____		Reg. No. <u>1</u>
City _____ (No. _____, St.; _____ Ward)				(If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred..... yrs. _____				How long in U. S. if of foreign birth?..... yrs. _____ mos. _____		
2. FULL NAME <u>Marion Corbett Jones.</u>						
(a) Residence: No. <u>Huntington, Tenn. R #5a.</u>				Ward. _____		
(Usual place of abode)				(If nonresident give city or town and State)		
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed.</u>		21. DATE OF DEATH (month, day, and year)	<u>6-28-35.</u> 19__	
6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____				22. I HEREBY CERTIFY, That I attended deceased from _____ 19__ to _____ 19__.		
6. DATE OF BIRTH (month, day, and year) <u>5-13-1855.</u>				I last saw h. _____ alive on _____, 19____, death is said to have occurred on the date stated above, at <u>1:50 A.M.</u>		
7. AGE	Years <u>80</u>	Months <u>1</u>	Days <u>15</u>	The principal cause of death and related causes of importance in order of onset were as follows: <u>No Physician in attendance</u>		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				Date of onset		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				<u>Farming.</u>		
10. Date deceased last worked at his occupation (month and year).....				11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (city or town) (State or country) <u>Carroll Co- Tennessee.</u>				Contributory causes of importance not related to principal cause: <u>2500B</u>		
13. NAME <u>Jackson Jones.</u>				Name of operation _____ Date of _____		
14. BIRTHPLACE (city or town) (State or country) <u>North Carolina.</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____		
15. MAIDEN NAME <u>Lizziebeth Butler.</u>				23. If death was due to external cause (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19__		
16. BIRTHPLACE (city or town) (State or country) <u>North Carolina.</u>				Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.		
17. INFORMANT (Address) <u>Jimmie E Jones.</u> <u>Huntington, Tenn. R #1.</u>				Manner of injury _____ Nature of injury _____		
18. BURIAL, or cremation <u>Mt. Comfort Cemetery, 6-29-35.</u>				24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify <u>V. E. Massey</u> (Signed) <u>Carroll County Health Officer</u> M. D. (Address) <u>Huntington, Tenn.</u>		
19. UNDERTAKER (Address) <u>Smith Funeral Home,</u> <u>Jackson, Tennessee.</u>				Registrar. _____ (Address) _____		
20. FILED _____ 19__						