

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Wilson
Civil Dist. 10th
on
Village _____
on
City Lebanon Tenn (No. _____ St.: _____ Ward _____)

Registration District No. 44018
Primary Registration District No. 963

File No. _____
Registered No. 26

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

2 FULL NAME Jessie Debow

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 4 13 1857
(Month) (Day) (Year)

7 AGE 62 yrs. 10 mos. 15 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION Labor (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 196

9 BIRTHPLACE Tenn (State or country)

PARENTS
10 NAME OF FATHER John Debow
11 BIRTHPLACE OF FATHER Tenn (State or country)
12 MAIDEN NAME OF MOTHER Not known
13 BIRTHPLACE OF MOTHER _____ (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Eddie Debow
[Address] Lebanon Tenn

15 Filed Feb 20 1920 W. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 25 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 19 1919 to Feb 27, 1920, that I last saw him alive on Feb 27, 1920 and that death occurred, on the date stated above, at 6 a M. The CAUSE OF DEATH* was as follows:

Lobular Pneumonia
100a

[Duration] yrs. mos. ds.
Contributory [SECONDARY] [Duration] yrs. mos. ds.

Signed John H. Jones M. D.
Feb 25 1920 Address Lebanon 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 _____

19 PLACE OF BURIAL OR REMOVAL Bedar Grove DATE OF BURIAL 3/1/20

20 UNDERTAKER Hellums & Covert ADDRESS Lebanon Tenn

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING
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.