

# Available Resources: Civil Vital Records (Birth, Death, Marriage, Divorce)

Each state has the equivalent of a bureau of vital records

- Bureau of Vital Statistics
- Division of Records and Statistics
- Division of Public Health
- Vital Records Division

DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH DIVISION OF VITAL STATISTICS											
STATE OF TENNESSEE										COOPERATING WITH NATIONAL OFFICE OF VITAL STATISTICS	
DEATH NO. 51-26050										BIRTH NO. 7103	
1. NAME <i>William M. Jackson</i>		2. DATE OF DEATH <i>Nov. 15 1951</i>		3. COLOR OR RACE <i>W</i>		4. SEX <i>M</i>		5. SINGLE/MARRIED/WIDOWED/DIVORCED <i>MARRIED</i>		6. DATE OF MARRIAGE <i>Aug. 28 1923</i>	
7. AGE (IN YEARS) MONTH DAY YEAR <i>28 11 23</i>				8. PLACE OF BIRTH A. COUNTY <i>Putnam</i> B. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) <i>Bainbridge R-1</i>				9. USUAL RESIDENCE OF DECEASED A. STATE <i>Tenn</i> B. COUNTY <i>Putnam</i> C. CITY OR TOWN (IF OUTSIDE CITY LIMITS, WRITE RURAL) <i>Bainbridge R-1</i>			
10A. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) <i>Farmer</i>				10B. KIND OF BUSINESS OR INDUSTRY				11. SOCIAL SECURITY NUMBER			
12. WAS DECEASED EVER IN U.S. ARMED FORCES? SPECIFY YES, NO, UNKNOWN				13. BIRTHPLACE (State or Foreign Country) <i>Putnam Co.</i>				14. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
15. FATHER'S NAME <i>Javi Jackson</i>				16. MOTHER'S MAIDEN NAME <i>Rochan Madewell</i>				17. INFORMANT <i>Walter Lann Bainbridge</i>			
18. CAUSE OF DEATH 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. DUE TO (B) <i>Coronary heart failure</i> DUE TO (C) <i>Paratyphoid</i> DUE TO (D) <i>Enlarged prostate</i> 2. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH											
19A. DATE OF OPERATION <i>Nov 1951</i>				19B. MAJOR FINDINGS OF OPERATION <i>Non-malignant</i>				20. FINDINGS AT AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT (SPECIFY) <i>Homicide</i>				21B. PLACE OF INJURY (In or About Home, Park, Public, Street, etc.) <i>Home</i>				21C. PLACE OF INJURY (City, Town or Rural) <i>Bainbridge</i>			
22. I HEREBY CERTIFY THAT THE DECEASED DIED ON THE DATE AND FROM THE CAUSE STATED ABOVE				SIGNATURE <i>J. H. Moore</i>				DATE <i>Nov 16 1951</i>			
23A. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Local</i>				23B. DATE OF BURIAL, CREMATION, OR REMOVAL <i>Nov 16 1951</i>				23C. NAME OF CHURCH or SOCIETY <i>Bainbridge</i>			
24. FUNERAL DIRECTOR <i>Jefferson Home Mortuary</i>				25. REGISTRATION DIST. NO. <i>27103</i>				26. DATE SIGNED BY REGISTRAR'S SIGNATURE <i>11-27-1951</i> <i>Chas. B. Dyer, Deputy</i>			