

WRITE PLAINLY, WITH INK AND IN CAPITAL LETTERS. THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. A.C.E. should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain words 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 Jackson
Civil Dist. 2
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH -
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. _____
Primary Registration District No. 44402 File No. 280
Registered No. 1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Emphont Murdy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED S
6 DATE OF BIRTH April 30, 1917
7 AGE _____ If LESS than 1 day, ---- hrs. or ---- min.?
----- yrs. ----- mos. ----- ds.

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

9 BIRTHPLACE (State or country) _____

PARENTS
10 NAME OF FATHER Tom Monday
11 BIRTHPLACE OF FATHER (State or country) Tenn
12 MAIDEN NAME OF MOTHER Nonie Carter
13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Monday
(Address) Haydensburg, Tenn

15 Filed Jan 28, 1917. J. E. Richmond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 30, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 30, 1917, to April 30, 1917, that I last saw him on April 30, 1917, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
Due to lack of vitality, due to premature birth.
(Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) _____
(Signed) J. D. Cornwell, M. D.
May 1, 1917 (Address) Boydell St

*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 Jones Cem DATE OF BURIAL May 1, 1917

20 UNDERTAKER B. L. Jones ADDRESS Haydensburg, Tenn