

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

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		STATE OF TENNESSEE	
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics	
Civil Dist <u>Sec</u>		CERTIFICATE OF DEATH	
or Village _____		Registration District No. _____	File No. <u>281</u>
or City _____ (No. _____ St.; _____ Ward)		Primary Registration District No. <u>44407</u>	Registered No. <u>2</u>
(If death occurred in a hospital or institution, give its NAME instead of street and number.)			
2 FULL NAME <u>Still Birth Munday</u>			

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>April 30, 1917</u> (Month) (Day) (Year)		
7 AGE _____ yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?
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) <u>Tenn</u>		
PARENTS	10 NAME OF FATHER <u>Thomas Munday</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Wanda Carter</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>	

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>April 30, 1917</u> (Month) (Day) (Year)	
17 I HEREBY CERTIFY, That I attended deceased from _____, 191_, to _____, 191_, that I last saw h_____ alive on _____, 191_, and that death occurred, on the date stated above, at _____ m.	
The CAUSE OF DEATH* was as follows: <u>S</u>	
Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
(Signed) <u>J. P. Corbett</u> , M. D. <u>296</u> , 1917 (Address) <u>Gainesboro</u>	
*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 _____	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filed 5/6, 1917: J. B. Richmond
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL
J. P. Jones

20 UNDERTAKER

DATE OF BURIAL
May 2, 1917

ADDRESS
Haydenberg