

MAKE IN RESERVE FOR BINDING
 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

County Jackson
 Civil Dist. # 1
 Village _____
 City Poor House (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 441 File No. 13
 Primary Registration District No. 244-01 Registered No. _____

2 FULL NAME Chap Vititoe

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
6 DATE OF BIRTH <u>Do not know</u> (Month) _____ (Day) _____ (Year) _____		
7 AGE <u>about 75 years</u>		If LESS than 1 day, ----hrs. or ----min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ <input checked="" type="checkbox"/> (b) General nature of industry, business, or establishment in which employed (or employer) _____ <input checked="" type="checkbox"/>		
9 BIRTHPLACE (State or country) _____ <input checked="" type="checkbox"/>		
PARENTS	10 NAME OF FATHER _____ <input checked="" type="checkbox"/>	
	11 BIRTHPLACE OF FATHER (State or country) _____ <input checked="" type="checkbox"/>	
	12 MAIDEN NAME OF MOTHER _____ <input checked="" type="checkbox"/>	
	13 BIRTHPLACE OF MOTHER (State or country) _____ <input checked="" type="checkbox"/>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22, 1917
 (Month) _____ (Day) _____ (Year) _____

17 I HEREBY CERTIFY, That I attended deceased from March 16, 1917, to June 13, 1917, that I last saw him alive on June 13, 1917, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Rheumatism
Organic disease of heart
as to the length of time I don't know
 (Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) _____
 (Duration) ---- yrs. ---- mos. ---- ds.

(Signed) Henry P. Little, M. D.
June 7, 1917 (Address) Gainesboro

*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 Poor House Cemetery DATE OF BURIAL June 13, 1917

20 UNDERTAKER none ADDRESS _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Willard Anderson
 (Address) Gainesboro - Route # 4

15 Filed July 7, 1917 W.H. Little
 REGISTRAR