

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.

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

1 PLACE OF DEATH
County Jackson
Civil Dist. 5th Registration District No. _____ File No. 205
or Granville Primary Registration District No. _____ Registered No. 6
Village _____
or _____ (No. _____, _____ St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
City _____

2 FULL NAME Burton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (Write this word) Infant

6 DATE OF BIRTH Apr - 20, 1917
(Month) (Day) (Year)

7 AGE _____ IF LESS than 1 day, -----hrs. 9? -----min.?
-----yrs. 3 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) Granville Tenn

PARENTS

10 NAME OF FATHER Willie Burton

11 BIRTHPLACE OF FATHER (State or country) Granville Tenn

12 MAIDEN NAME OF MOTHER Birdie Willoby

13 BIRTHPLACE OF MOTHER (State or country) Granville Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____
(Address) _____

15 Filed Oct 14, 1917 W. R. Watts
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 7/14, 1917
(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: 113
I did not attend baby but am sure from information reliable, died of Cholera Infantum (Duration) _____ yrs. _____ mos. 1 ds.

Contributory Having been fed cows milk (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. B. Smith M. D.
Oct 14, 1917 (Address) Granville 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 Family Grav 3d DATE OF BURIAL 7-16, 1917

20 UNDERTAKER Bill Williams ADDRESS Granville