

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. 12  
 or Gainesboro Tenn  
 Village R # 1  
 or R # 1  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. 44412 File No. 18  
 Primary Registration District No. 12 Registered No. 13

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME** Willie Clay Martin

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Male    **4 COLOR OR RACE** White    **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Infant  
(Write the word)

**6 DATE OF BIRTH** January 11, 1917  
(Month) (Day) (Year)

**7 AGE** 6 7    If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

**9 BIRTHPLACE** (State or country) Jackson co Tenn

**PARENTS**  
**10 NAME OF FATHER** B. D. Martin  
**11 BIRTHPLACE OF FATHER** (State or country) Jackson co Tenn  
**12 MAIDEN NAME OF MOTHER** Nettie Hop  
**13 BIRTHPLACE OF MOTHER** (State or country) Jackson co Tenn

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) B. D. Martin  
Gainesboro Tenn R # 1  
(Address)

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** July 18, 1917  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,  
 that I last saw him alive on July 18, 1917,  
 and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
 The CAUSE OF DEATH \* was as follows: 113  
an acute case of  
Diarrhea  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory \_\_\_\_\_  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) B. D. Martin Father M.D.  
July 19, 1917 Gainesboro Tenn R # 1  
(Address)

\*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** Hop cemetery    **DATE OF BURIAL** July 17, 1917  
**20 UNDERTAKER** Jeff Pitt Gainesboro Tenn R # 1    **ADDRESS** \_\_\_\_\_

**15** Filed July 19, 1917 Jno B Billingsley REGISTRAR  
Gainesboro Tenn R # 3

Form V. S. No. 4-25M.    \* POSTER & PARKER CO., NASHVILLE