

MARGIN RESERVED 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 3688 STATE OF TENNESSEE  
 County Jackson STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 Civil Dist. 1 Registration District No. 441 File No. 311  
 or Gainsboro Primary Registration District No. 24701 Registered No. 20  
 or \_\_\_\_\_ St.; \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_)

2 FULL NAME Miss Maggie 6 1/2 months

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) \_\_\_\_\_

6 DATE OF BIRTH July 9, 1917 (Month) (Day) (Year)

7 AGE 6 1/2 If LESS than 1 day, -----hrs. or -----min.? \_\_\_\_\_ yrs. .... mos. .... ds.

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

9 BIRTHPLACE (State or country) Gainesboro Tenn

PARENTS

10 NAME OF FATHER Riddle Young

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Mattie Young

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Riddle Young (Address) Gainesboro

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 9, 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: S  
Still born  
 \_\_\_\_\_ (Duration) ----- yrs. .... mos. .... ds.

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

(Signed) E. E. Keener, M. D. (Address) Gainesboro, 191\_\_\_\_

\*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 Gainesboro Cemetery DATE OF BURIAL July 9, 1917

20 UNDERTAKER None ADDRESS Gainesboro

15 Filed July 10, 1917 W. H. Little REGISTRAR