

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

County Jackson
 Civil Dist. # 1
 or
 Village Gainesboro Twp
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

313

Registration District No. 441 File No. 22
 Primary Registration District No. 4440 Registered No. _____

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

2 FULL NAME Not named. Lived only 8 hours (Byrne)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____

6 DATE OF BIRTH Aug. 7, 1917
(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) Gainesboro

10 NAME OF FATHER A. D. Byrne

11 BIRTHPLACE OF FATHER (State or country) Granville Twp

12 MAIDEN NAME OF MOTHER Esther Neely

13 BIRTHPLACE OF MOTHER (State or country) Granville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. D. Byrne
 (Address) Gainesboro Twp

15 Filed Sept 9, 1917 W. H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 7, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191____, to 191____,

that I last saw him alive on Aug 7, 1917, and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:
Premature Birth

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) Henry P. Loftis, M. D.
Sept. 2, 1917 (Address) Gainesboro Twp

*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 Granville Twp DATE OF BURIAL Aug 7, 1917

20 UNDERTAKER McNairman & Co ADDRESS Gainesboro