

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. W-9
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)

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

233

Registration District No. 444 File No. _____
Primary Registration District No. _____ Registered No. 14

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

2 FULL NAME Millard Eu dal Price

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 May 27, 1897
(Month) (Day) (Year)

7 AGE 5 yrs. 4 mos. 4 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)

10 NAME OF FATHER Uelaine Price

11 BIRTHPLACE OF FATHER (State or country) Gaines Iowa

12 MAIDEN NAME OF MOTHER Uela Lynn

13 BIRTHPLACE OF MOTHER (State or country) Gaines Iowa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Asa Lynn
(Address) Gaines Iowa

15 Filed Nov 7, 1917 A. J. O'Connell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 1, 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:
Med. Phys. ...
... ..
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. J. O'Connell M. D.
191___ (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 Asa Lynn DATE OF BURIAL Nov 1, 1917

20 UNDERTAKER Asa Lynn ADDRESS Gaines Iowa