

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. # 12
 or
 Village Union
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. 2 P 30
 Registered No. 21

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

2 FULL NAME Still Born Huddleston

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 Dec 15, 1917
(Month) (Day) (Year)

7 AGE None 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

10 NAME OF FATHER J B Huddleston

11 BIRTHPLACE OF FATHER (State or country) Putnam Co Tenn

12 MAIDEN NAME OF MOTHER Ether Hamilton

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Larrice Young
Bloomington Springs Tenn R#1
(Address)

15 Filed Dec 22, 1917 W. O. R. Billingsly REGISTRAR
Union Pharmacy

Form V. S. No. 4-100M • ROYER & PARKER CO., NASHVILLE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 15, 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:

Still Born

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

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

(Signed) M. D. Gould by Midwife
Dec Bloomington Springs 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 Shatt's cemetery DATE OF BURIAL Dec 16, 1917

20 UNDERTAKER Joe Hamilton ADDRESS Bloomington Tenn R#1

R #3