

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.

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

1 PLACE OF DEATH
County Jackson
Civil Dist. 6 & 9 Registration District No. 442 File No. 321
or
Village _____ Primary Registration District No. _____ Registered No. 16
or
City _____ (No. _____, _____ St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Still Borne Chaffin

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 December 29, 1917
7 AGE 00 yrs. 00 mos. 00 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) _____

PARENTS
10 NAME OF FATHER Bedford Chaffin
11 BIRTHPLACE OF FATHER (State or country) Hainesboro
12 MAIDEN NAME OF MOTHER Mrs. Davidson
13 BIRTHPLACE OF MOTHER (State or country) Hainesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bedford Chaffin
(Address) Hainesboro

15 Filed Dec 24, 1917 A. J. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Still Borne, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 1917, to _____, 1917, that I last saw h. _____ alive on _____, 1917, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: S

Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) N. M. McCom, M. D.
Dec 24, 1917 (Address) Hainesboro

*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 Dead End Brook DATE OF BURIAL Dec 24, 1917
20 UNDERTAKER Wm. Lankford ADDRESS Hainesboro