

MAXIMUM RESERVED FOR RUNNING
WRITE PLAIN. 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. 13
or
Village _____
or
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44413
Primary Registration District No. 13

6
File No. 45
Registered No. 23

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

2 FULL NAME Woodrow - McCain

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 3, 1916
(Month) (Day) (Year)

7 AGE 1 yrs. 9 mos. 10 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Culio Fowler - McCain

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Netha Agnes - Pearson

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. McCain
(Address) Whitelyville Tenn

15 Filed Jan 15, 1918 J. D. Deas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan - 13, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan - 5 1918, to Jan - 13 1918, that I last saw him alive on Jan - 13 1918, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Debricular Meningitis
Meningitis
3
(Duration) _____ yrs. _____ mos. 15 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. D. Deas, M. D.
Jan - 13 1918 (Address) Whitelyville

*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 1 yrs. 9 mos. 10 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 Johnson County DATE OF BURIAL Jan - 14, 1918

20 UNDERTAKER None ADDRESS _____