

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. 4
 or
 Village _____
 or
 City _____ (No. _____, _____ St.; _____ Ward)

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

Registration District No. 44404 File No. _____
 Primary Registration District No. _____ Registered No. _____

2 FULL NAME Still Born

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

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 Jan 27, 1918
(Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, _____ hrs. _____ min.?
_____ yrs. _____ mos. _____ ds. 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) Jackson County

PARENTS

10 NAME OF FATHER James J. Jenkins
 BIRTHPLACE OF FATHER (State or country) Jackson County

12 MAIDEN NAME OF MOTHER Froncy Clark

13 BIRTHPLACE OF MOTHER (State or country) Jackson County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) A. P. Horkum
 (Address) Haydenburg

15 Filed Jan 28, 1918 Pat W. Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 27, 1918
(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 5 P.m.
 The CAUSE OF DEATH * was as follows: Still born

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) F. B. Clark _____ (Duration) _____ yrs. _____ mos. _____ ds. M. D. Jan 28, 1918 (Address) Haydenburg

*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 Jenkins Cross Rd DATE OF BURIAL Jan 28, 1918
 20 UNDERTAKER A. P. Horkum ADDRESS Haydenburg