

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 Blenny  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

## CERTIFICATE OF DEATH

Registration District No. 44412 File No. 3  
 Primary Registration District No. 12 Registered No. 3

25  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Charley Clay Hail

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant  
 6 DATE OF BIRTH August 9, 1916  
 (Month) (Day) (Year)  
 7 AGE 1 5 6 If LESS than 1 day, ..... hrs. or ..... min.?  
 yrs. mos. ds.

## 8 OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

None

## 9 BIRTHPLACE

(State or country)

Jackson Co Tenn

## 10 NAME OF FATHER

Anon M Hail

## PARENTS

## 11 BIRTHPLACE OF FATHER

(State or country)

Jackson Co Tenn

## 12 MAIDEN NAME OF MOTHER

Helorette Apple

## 13 BIRTHPLACE OF MOTHER

(State or country)

Smith Co Tenn

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

A M Hail  
(Informant)Gainesboro Tenn R # 3  
(Address)

## 15

Filed Feb 25, 1918 by Geo B Billingsley  
Gainesboro Tenn REGISTRAR  
R # 3

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 16, 1918  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1918, to Feb 15, 1918, that I last saw him alive on Feb 15, 1918, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

## The CAUSE OF DEATH\* was as follows:

Whooping cough followed by Spinal Meningitis

(Duration) ..... yrs. .... mos. .... ds.

## Contributory (SECONDARY)

(Duration) ..... yrs. .... mos. .... ds.

(Signed) L R Anderson, M. D.  
Feb 25, 1918 (Address) Blenny Tenn

\*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

## DATE OF BURIAL

Richmond Cemetery Feb 17, 1918

## 20 UNDERTAKER

## ADDRESS

John Stuart Gainesboro Tenn  
R # 3