

MARGIN RESERVED FOR BINDING
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. X 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. 5
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Vestal Draper

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 Nov 10, 1917
(Month) (Day) (Year)

7 AGE 3 16 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) _____

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER Jessie Bedford Draper

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Lula Foreman

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) F B Clark
 (Address) Noydenburg

15 Filed 2-26, 1918 P. B. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 26, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1918, to Feb 25, 1918, that I last saw him alive on Feb 25, 1918, and that death occurred, on the date stated above, at 2 P.M.
 The CAUSE OF DEATH* was as follows: Influenza

Contributory acute gastritis
(SECONDARY)

(Signed) Frank B. Clark, M. D.
2-26, 1918 (Address) Noydenburg 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 Glouer grave yard **DATE OF BURIAL** 2-26, 1918

20 UNDERTAKER Jessie Clark **ADDRESS** Red Boiling