

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. 8 Registration District No. 11413

or
Village Haydenburg Primary Registration District No. _____

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

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

5559
5704
File No. 33
Registered No. 4

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

2 FULL NAME Charlie Francis Wiggins

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 March 24, 1917
(Month) (Day) (Year)

7 AGE 0 yrs. 11 mos. 9 ds. If LESS than 1 day, ---- hrs. or ---- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Jay Wiggins

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Sula Cox

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alex Cox
(Address) Haydenburg Tenn.

15 Filed Mar. 3, 1918 J. M. H. Owens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar-3, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb-27, 1918, to Mar-2, 1918, that I last saw him alive on Mar-2, 1918, and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:
Intestinal Colic
113

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

Contributory (SECONDARY) Bath feet.
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) F. O. Coombs M. D.
Mar-3, 1918 (Address) Bagdad

*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 Beech Grove. DATE OF BURIAL Mar. 3, 1918

20 UNDERTAKER Low Witt ADDRESS Willette Tenn.