

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. PHYSICIAN'S 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. No. 9.  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

39

Registration District No. 442

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 6

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

2 FULL NAME Russell James Chaffin.

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 12, 1902  
(Month) (Day) (Year)

7 AGE 15 yrs. 5 mos. 2 ds. If LESS than 1 day, ---- hrs. ---- min.?

8 OCCUPATION School girl  
 (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) Tennessee

10 NAME OF FATHER Lester K. Chaffin

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Mattie Billington

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) A. J. Law

(Address) Jamesboro Tenn.

15 Filled April 10, 1918 by A. J. Charrie  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 14, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 13, 1918, to March 14, 1918, that I last saw her alive on March 14, 1918, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH\* was as follows:  
Tubercular Tuberculosis

(Duration) 3 yrs. 3 mos. 3 ds.

Contributory (SECONDARY) Whooping Cough  
 (Signed) Looseley C. Ford M. D.  
March 14, 1918. (Address) Tennessee

\*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 Chaffin Grandford DATE OF BURIAL March 16, 1918

20 UNDERTAKER None ADDRESS \_\_\_\_\_