

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. 12 Registration District No. 44412 File No. 4
 or Mayfield Primary Registration District No. 12 Registered No. 4
 or
 City _____ (No. _____ St.; _____ Ward)
 2 FULL NAME Still Barn Lock (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 (Write the word)

6 DATE OF BIRTH March 10, 1918
 (Month) (Day) (Year)

7 AGE Still Barn If LESS than 1 day, _____ hrs. or _____ min.?
 _____ yrs. _____ mos. _____ ds.

8 OCCUPATION None
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Jackson Co Tenn
 (State or country)

PARENTS

10 NAME OF FATHER Charley Lock

11 BIRTHPLACE OF FATHER Jackson Co Tenn
 (State or country)

12 MAIDEN NAME OF MOTHER Lena Spirlock

13 BIRTHPLACE OF MOTHER Jackson Co Tenn
 (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 10, 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: S
Still Barn
 _____ (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) N. M. Melton M. D.
March 15, 1918 Gainesboro Tenn R #3

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Jim Lock
Gainesboro Tenn R #3
 (Address)

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 _____

15 Filed March 15, 1918 J. W. B. Billingsley REGISTRAR
Gainesboro Tenn R #3

19 PLACE OF BURIAL OR REMOVAL Youngs cemetery DATE OF BURIAL March 11, 1918
 20 UNDERTAKER Jim Lock Gainesboro Tenn R #3 ADDRESS _____