

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. # 7

or Village \_\_\_\_\_

or City Bloomington Springs (No. Tenn. R. # 1.)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

47

Registration District No. 44409

File No. 2

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

Registered No. \_\_\_\_\_

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

2 FULL NAME Boise Stout,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White,</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single,</u>
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6 DATE OF BIRTH  
April 4, 1916  
(Month) (Day) (Year)

7 AGE  
1 yrs. 11 mos. 29 ds.  
If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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)  
Jackson Co. Tenn.

10 NAME OF FATHER  
Samuel Stout,

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

12 MAIDEN NAME OF MOTHER  
Maggie Brewington,

13 BIRTHPLACE OF MOTHER (State or country)  
Putnam Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) S. M. Stout  
(Address) Bloomington Spr

15 Filed May 1, 1918  
W. L. Stout  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from March 23 1918, to April 3, 1918, that I last saw him alive on April 3rd, 1918, and that death occurred, on the date stated above, at 11 Pm.

The CAUSE OF DEATH\* was as follows:  
Whooping Cough,

(Duration) \_\_\_\_ yrs. 2 mos. \_\_\_\_ ds.

Contributory Broncho Pneumony  
(SECONDARY)

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 10 ds.

(Signed) J. Mac Wheeler, M. D.,  
4/4/18, 1918 (Address) Bloomington Spr

\*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  
Ferguson cemetery

DATE OF BURIAL  
Apr 4, 1918

20 UNDERTAKER  
S. M. Stout

ADDRESS  
Bloomington