

WRITE PLAIN 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
or Village Union
or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412
Primary Registration District No. 12

File No. 5
Registered No. 5

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

2 FULL NAME Ruby Way

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 May 1, 1917
(Month) (Day) (Year)

7 AGE 11 26 If LESS than 1 day, ---- hrs. or ---- min.?
..... yrs. mos. ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(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 Hiram Way

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

12 MAIDEN NAME OF MOTHER Ollie Fox

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M W Fox
Lanebaro Tenn R #3
(Address)

15 Filed April 6, 1918
Jacob Killingsley
Lanebaro Tenn R #3
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 4, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1918, to April 2, 1918, that I last saw her alive on April 2, 1918, and that death occurred, on the date stated above, at 50 m.

The CAUSE OF DEATH* was as follows:

Hooping cough
followed by spinal
meningitis
(Duration) yrs. mos. ds. 20

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

(Signed) W M McLean M. D.
April 6, 1918 (Address) Lanebaro 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.

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 Fox Cemetery DATE OF BURIAL April 5, 1918

20 UNDERTAKER J B Huddleton ADDRESS Blountington Spig Lanebaro Tenn R #3