

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. 6 P. 9

Village _____

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

59

Registration District No. 149

File No. _____

Primary Registration District No. _____

Registered No. 7

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

2 FULL NAME Stiel Born Hip

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE _____ yrs. _____ mos. _____ 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) Gainesboro

10 NAME OF FATHER Walter Hip

11 BIRTHPLACE OF FATHER (State or country) Gainesboro

12 MAIDEN NAME OF MOTHER Bella Richardson

13 BIRTHPLACE OF MOTHER (State or country) Gainesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bella Richardson

(Address) Gainesboro

15 Filed May 9, 1918 A. J. Pharris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 0 0, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1918, to _____, 1918, that I last saw h_____ alive on _____, 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: S
Stiel Born Hip

Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) _____, M. D. _____, 1918 (Address) _____

*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 Funerary DATE OF BURIAL _____, 1918

20 UNDERTAKER asa ADDRESS Gainesboro