

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

60

1 PLACE OF DEATH

County JacksonCivil Dist. 11

Village _____

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

Registration District No. 44411Primary Registration District No. 11

File No. _____

Registered No. 11

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

2 FULL NAME Stillborn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)6 DATE OF BIRTH 4 22, 1918
(Month) (Day) (Year)7 AGE stillborn If LESS than 1 day, ----hrs. or ----min.?
-----yrs.-----mos.-----ds.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) Tenn.10 NAME OF FATHER Joe Peppis11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Martha Chose Young13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joe Peppis
(Address) Bloomington Sp. T.15 Filed 5/10, 1918 L. R. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH stillborn, 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 _____ m.The CAUSE OF DEATH* was as follows: S

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

(Signed) L. R. Anderson, M. D.
4/22, 1918. (Address) Gainesboro

*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 Peppis Cem. DATE OF BURIAL 4/23, 191820 UNDERTAKER Jasper Peppis ADDRESS Bloomington Sp. T.

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.