

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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

71

1 PLACE OF DEATH
County Jackson
Civil Dist. 12 Registration District No. 44412 File No. 8
or Mayfield Primary Registration District No. 12 Registered No. 8
Village
or
City _____ (No. _____ St.; _____ Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 22, 1918
(Month) (Day) (Year)

7 AGE 20 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 (State or country) Jackson Co Tenn

PARENTS

10 NAME OF FATHER Carban Haney

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

12 MAIDEN NAME OF MOTHER Willie E Harley

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 11, 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:
Supposed to be Menbrance
Group Died Suddent
No Doctor in attendance

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

Signed _____, M. D.
(Address) _____, 191____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L A Davis
Gainesboro Tenn R #3
(Address)

15 Filled _____, 191____ REGISTRAR

*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 Byers Cemetery DATE OF BURIAL June 12, 1918

20 UNDERTAKER J H Haney Gainesboro Tenn ADDRESS R #3