

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.

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

75

1 PLACE OF DEATH
County Jackson
Civil Dist. 14 Registration District No. 44414 File No. _____
or Village _____ Primary Registration District No. _____ Registered No. 1
or City _____ (No. _____, _____ St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Charley Leod Sircy

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 17, 1918
(Month) (Day) (Year)

7 AGE 1 yrs. 9 mos. 9 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.

PARENTS

10 NAME OF FATHER Dennis Sircy

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Clara A. Sircy

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 25, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from on date ~~at~~ of Death, 1918, that I last saw him alive on June 25, 1918, and that death occurred, on the date stated above, at 3^P m.

The CAUSE OF DEATH* was as follows:
Whooping Cough 9

(Duration) _____ yrs. _____ mos. 16 ds.

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

(Signed) F. C. Corwell M. D.
, 1918 (Address) Boydad Tenn

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Dennis Sircy
(Address) Defeated Tenn

15 Filed Jubilee, 1918 by C. E. Carter
REGISTRAR

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 Richardson St. DATE OF BURIAL June 26, 1918

20 UNDERTAKER Lon Witt ADDRESS Willet Tenn