

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

78

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 6 & 7

Village _____

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

Registration District No. 442

File No. _____

Primary Registration District No. _____

Registered No. 11

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

2 FULL NAME Steel borne

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
Write the word6 DATE OF BIRTH June 22, 1918
(Month) (Day) (Year)7 AGE _____ 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) _____

10 NAME OF FATHER Nathan Wiley11 BIRTHPLACE OF FATHER (State or country) James bond12 MAIDEN NAME OF MOTHER Adler Rhuton13 BIRTHPLACE OF MOTHER (State or country) James bond

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) asa Lynn(Address) James bond

15 _____

Filed June 3, 1918 A. J. Pharris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH _____, 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) _____, M. D.

_____, 191____ (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 _____ DATE OF BURIAL _____

asa Lynn June 23, 1918

20 UNDERTAKER _____ ADDRESS _____

asa Lynn James bond

MAY BE REPRODUCED 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.