

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

88

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 14

Village _____

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

Registration District No. 44414

Primary Registration District No. _____

File No. _____

Registered No. 2

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

2 FULL NAME

"Still Born"

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED
Write the word6 DATE OF BIRTH July 18, 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

Clevin Witch11 BIRTHPLACE OF FATHER
(State or country)Tenn

12 MAIDEN NAME OF MOTHER

Kate Kemp13 BIRTHPLACE OF MOTHER
(State or country)Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15

Filed July 18, 1918 C. E. Carter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July - 18, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July - 18, 1918 to July - 18, 1918, that I last saw him alive on, 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: /

Premature Birth
5

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

Contributory (SECONDARY) Probably to fall of mother(Signed) F. P. ... M. D.July - 19, 1918 (Address) Bagdad Tenn

*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

Richardson St. N. July 19, 1918

20 UNDERTAKER

Ron Witte Willetts Tenn

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.

"XEROX" RESERVED FOR BINDING.