

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. 12
or Village Jay Gap
or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

94

Registration District No. 44412
Primary Registration District No. 12

File No. 11

Registered No. 11

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

2 FULL NAME

Dyer

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH August 28, 1918
(Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, 1 hr. or _____ min.?
_____ yrs. _____ mos. _____ ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER L D Dyer

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

12 MAIDEN NAME OF MOTHER Lou Jackson

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Enock Ragland
Bloomington Springs Tenn R#1
(Address)

15 Filed Sept 5, 1918 by Jno B Billingsley
Jane Sharr REGISTRAR
Tenn R#3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 28, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____,
that I last saw her alive on Aug 28, 1918,
and that death occurred, on the date stated above, at 4am.

The CAUSE OF DEATH* was as follows:
Mother of child was Bad with Measels at time of Birth child lived 1 Hour
(Duration) _____ yrs. _____ mos. 7 ds.

Contributory _____ (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Thannie Petty Midwife
Aug 5, 1918 (Address) Bloomington 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 Hot Cemetery DATE OF BURIAL Aug 28, 1918

20 UNDERTAKER J. L. Halface ADDRESS Bloomington Springs Tenn R#1