

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

98

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. Dist # 2or  
Village Hamesboro Tennor  
City 12 H 4Registration District No. Dist # 5Primary Registration District No. 4440.2

File No. \_\_\_\_\_

Registered No. 2[If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.]2 FULL NAME Bonnie Wells Craighhead

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX girl 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant  
(Write the word)6 DATE OF BIRTH June 22, 1916  
(Month) (Day) (Year)7 AGE 2 yrs. 2 mos. 15 ds. If LESS than 1 day, .... hrs. or .... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) a small child9 BIRTHPLACE (State or country) Jackson Co Tenn R.H.10 NAME OF FATHER Fred Craighhead11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Malieie Gaines13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_

(Address) \_\_\_\_\_

15 Filed Oct 11, 1916 Alonzo McLawley  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 11<sup>th</sup>, 1916  
(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:

Galena Infantum Lock  
Causes  
1186  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) E. B. Sample M. D.Sept 10, 1916 (Address) Hamesboro 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 Home Grave yard DATE OF BURIAL Sept 12, 191620 UNDERTAKER Dr. Sweller, a friend ADDRESS Hamesboro Tenn  
12 H

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.