

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

99

1 PLACE OF DEATH

County JacksonCivil Dist. 12or
Village Clennyor
City _____ (No. _____, St.; _____ Ward)Registration District No. 44412File No. 13Primary Registration District No. 12Registered No. 13

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

2 FULL NAME Davis

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 Sept 15, 1918
(Month) (Day) (Year)7 AGE _____ If LESS than 1 day, _____ hrs. or 3 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 Tenn10 NAME OF FATHER D. M. Davis11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Bunny L Birdwell13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) N. M. McLoon
Gainesboro Tenn R # 3
(Address)15 Filed Sept 16, 1918 pro B. Billingsley
Gainesboro Tenn REGISTRAR R # 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 15, 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: 2051
Unknown

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

(Signed) N. M. McLoon M. D.
Sept 16, 1918 Gainesboro Tenn R # 3
(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 Flors Cemetery DATE OF BURIAL Sept 16, 191820 UNDERTAKER Carrick Davis Gainesboro Tenn ADDRESS R # 3

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.

REPRODUCED BY PERMISSION OF THE STATE BOARD OF HEALTH, NASHVILLE, TENN.