

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

100

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Civil Dist.

Village

City

Jackson

3

Registration District No. 44403

Primary Registration District No.

File No.

Registered No. 11

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

2 FULL NAME

Woodrow Wilson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *m* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)

6 DATE OF BIRTH *Sept 8, 1916*
(Month) (Day) (Year)

7 AGE

2 yrs. *0* mos. *7* ds.If LESS than
1 day,hrs.
ormin.?

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)*Tenn.*10 NAME OF
FATHER*John Wilson*11 BIRTHPLACE
OF FATHER
(State or country)*Tenn.*12 MAIDEN NAME
OF MOTHER*Eveline Davenport*13 BIRTHPLACE
OF MOTHER
(State or country)*Tenn.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Bascom Davenport

(Address)

Haydenburg Tenn.

15

Filed

*Sept 15, 1918**M. H. Dyer*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 15, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Sept 10, 1918, to *Sept 10, 1918*,that I last saw him alive on *Sept 10, 1918*,and that death occurred, on the date stated above, at *4 a.m.*

The CAUSE OF DEATH* was as follows:

Iles Coarctatis 114

(Duration).....yrs.....mos.....ds.

Contributory
(SECONDARY)(Duration).....yrs.....mos. *10* ds.

(Signed)

Arthur J. Dyer M. D.1918 (Address) *Haydenburg Tenn.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, 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

....., 1918

20 UNDERTAKER

ADDRESS

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.