

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.

1 PLACE OF DEATH STATE OF TENNESSEE  
 County Jackson 282  
 Civil Dist. 15th STATE BOARD OF HEALTH  
 or Bureau of Vital Statistics  
 Village \_\_\_\_\_ CERTIFICATE OF DEATH  
 or Registration District No. HHH08 103  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) File No. 1

2 FULL NAME W. H. Bybee

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

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH Nov 20, 1883  
(Month) (Day) (Year)

7 AGE 34 yrs. 10 mos. 10 ds. If LESS than 1 day, --- hrs. or --- min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work merchant 786  
 (b) General nature of industry, business, or establishment in which employed (or employer) Retail Store

9 BIRTHPLACE (State or country) Gainesboro Tenn

**PARENTS**

10 NAME OF FATHER Wash Bybee

11 BIRTHPLACE OF FATHER (State or country) Gainesboro Tenn

12 MAIDEN NAME OF MOTHER Lucy Whitaker

13 BIRTHPLACE OF MOTHER (State or country) Gainesboro Tenn

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Sept 21, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1918, to Sept 20, 1918, that I last saw him alive on Sept 20, 1918, and that death occurred, on the date stated above, at 5:00 p. m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis  
(Pulmonary) 1a

Contributor (SECONDARY) Typhoid fever  
(Duration) --- yrs. --- mos. --- ds.

(Signed) R. C. Hall M. D.  
(Address) Gainesboro 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 Flurin, Cemetery DATE OF BURIAL Sept 22, 1918

20 UNDERTAKER B. S. Hall ADDRESS Gainesboro Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Lucy Bybee  
 (Address) Gainesboro Tenn

15 Filled Oct 10, 1918 by David Hall  
REGISTRAR