

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

County Jackson
 Civil Dist. # 5
 or
 Village _____
 or
 City Bloomington Spgs., (No. #1, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

107

CERTIFICATE OF DEATH

Registration District No. 44405 File No. 4
 Primary Registration District No. 5 Registered No. _____

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

2 FULL NAME Willie Vida Chaffin,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White, 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
 6 DATE OF BIRTH June 10, 1918
 (Month) (Day) (Year)
 7 AGE 3 yrs. 17 mos. 17 ds. If LESS than 1 day, -----hrs. or -----min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work Non
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE

(State or country) Jackson Co.

PARENTS

10 NAME OF FATHER

William B. Chaffin,

11 BIRTHPLACE OF FATHER (State or country)

Jackson Co.

12 MAIDEN NAME OF MOTHER

Mattie Keith,

13 BIRTHPLACE OF MOTHER (State or country)

Jackson, Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. B. Chaffin,
 (Address) Bloomington Spgs. Tenn.

15

Filed Oct 12, 1918 W R Watts
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

September 27, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1918, to 9/27/18, 191____, that I last saw her alive on Sp 9/27/18, 191____, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows:

Congenital Tuberculosis.

Contributory (SECONDARY) _____

(Signed) J. Mac Wheeler, M. D.
9/28/18, 191____ (Address) Bloomington Spgs.

*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

Family & yard
 20 UNDERTAKER Williamson

DATE OF BURIAL

Sep 28, 1918

ADDRESS

Granville