

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

109

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 12Village Clenny

City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 44412File No. 14Primary Registration District No. 12Registered No. 14

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

2 FULL NAME Still Burn Flot.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(Write the word)6 DATE OF BIRTH Sept 19, 1918
(Month) (Day) (Year)7 AGE Still Burn If LESS than 1 day, _____ hrs. or _____ 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 Jeff D. Flot11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Mirtle Lee Flatt13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. R. Anderson M.D.(Address) Edmund Lick Tenn15 Filed Sept 20, 1918 Jno B. Billingsley REGISTRAR
Ganesbaro Tenn R#3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 19, 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: S
Unknown

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

(Signed) L. R. Anderson M. D.
Sept 20, 1918 (Address) Edmund Lick 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 Flatt's Cemetery DATE OF BURIAL Sept 19, 191820 UNDERTAKER L. L. Lock Ganesbaro Tenn R#3 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.