

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 Lackerson
 Civil Dist. 72
 or Village Haydenburg
 or City 122 (No. _____), _____ St.; _____ Ward

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

110

Registration District No. 2

File No. 8

Primary Registration District No. 44402

Registered No. 3

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

2 FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

9 BIRTHPLACE (State or country) _____

PARENTS
 10 NAME OF FATHER Thomas Oscar Hill
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Anna Alice Wilson
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Thomas Oscar Hill
 (Address) Haydenburg

15 Filled Sept 10, 1918 Alvino McHenry
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Still born, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 10 - 1918, to Sept 10 - 1918, that I last saw Still Born alive on Sept 10, 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: Still Born

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

(Signed) J. B. ..., M. D.
Sept 11, 1918 (Address) Whitney

*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 Ray graveyard DATE OF BURIAL Sept 11, 1918
 20 UNDERTAKER none ADDRESS _____