

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.

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

112

1 PLACE OF DEATH
County Jackson
Civil Dist. 11 Registration District No. 44411 File No. _____
or Village _____ Primary Registration District No. 11 Registered No. 19
or City _____ (No. _____, St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William T. Medans

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 12 7, 1917
(Month) (Day) (Year)

7 AGE _____ yrs. 9 mos. 28 ds. If LESS than 1 day, ---- hrs. or ---- min.?

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

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Bill Gabe Medans

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Cara Harte

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bill Gabe Medans
(Address) Gainesboro

15 Filed 1/10, 1917 S. R. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 5, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10/1 1918, to 10/5, 1918, that I last saw him alive on 10/5, 1918, and that death occurred, on the date stated above, at 6 A m.
The CAUSE OF DEATH* was as follows: 100a
Bronch. Pneumonia
(Duration) _____ yrs. _____ mos. 5 ds.

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

(Signed) C. C. Taylor, M. D. 10/8, 1918 (Address) Gainesboro

*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 Fugatey cem. DATE OF BURIAL 10/6, 1918

20 UNDERTAKER Frank Jones ADDRESS Gainesboro