

WRITE PLAIN INK 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

122
21

1 PLACE OF DEATH

County Jackson
Civil Dist. 12
or Village Mayfield
or City _____ (No. _____, St.; _____ Ward)

Registration District No. 44412
Primary Registration District No. 12

File No. _____
Registered No. 21

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

2 FULL NAME Vestel Leon Allen

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 June 17, 1918
(Month) (Day) (Year)

7 AGE about 1 4 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 Tenn

10 NAME OF FATHER James Allen

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Nannie Allen

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L B Nail
James Haro Lem R #3
(Address)

15 Filed Oct 28, 1918 by Jno B. Billingsley
James Haro Lem R #3 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 14, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1918, to _____, 191____,
that I last saw him alive on Oct 12, 1918,
and that death occurred, on the date stated above, at 5 am.

The CAUSE OF DEATH * was as follows: Influenza

(Duration) yrs. mos. ds. 6

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

(Signed) N. M. McLean, M. D.
Oct 28, 1918 (Address) James Haro Lem R #3

*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 New Salem Cemetery DATE OF BURIAL Oct 15, 1918

20 UNDERTAKER Jim Mahoney ADDRESS James Haro Lem R #3