

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

127

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 1
or
Village _____
or
City _____ (No. _____ St. _____ Ward _____)Registration District No. 442File No. 8

Primary Registration District No. _____

Registered No. _____

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

2 FULL NAME Nathan Ataville Chaffin

PERSONAL AND STATISTICAL PARTICULARS

8 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH Aug 20, 1916
(Month) (Day) (Year)7 AGE 13 1 29 If LESS than 1 day, ---- hrs. or ---- min.?
-----yrs.-----mos.-----ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer son
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Jackson Co10 NAME OF FATHER Nathan Chaffin11 BIRTHPLACE OF FATHER (State or country) Banbury Tenn12 MAIDEN NAME OF MOTHER Ollie Payson13 BIRTHPLACE OF MOTHER (State or country) Banbury Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) mother of child(Address) Banbury Tenn15 Filed Jan 31, 1918 A.M. Ballard
Sub REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 19, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____,

that I last saw him alive on _____, 191____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
no medical aid in attendingInfluenza cause of death
(Duration) ----- yrs. ----- mos. ----- ds. 4Contributory (SECONDARY) _____
(Duration) ----- yrs. ----- mos. ----- ds. 1 1/2

(Signed) _____, M. D.

_____, 191____ (Address) _____

*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 2 yrs. ----- mos. ----- ds. In the 13 yrs. ----- mos. ----- ds. State _____

Where was disease contracted, If not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Chaffin Cemetery DATE OF BURIAL Oct 20, 191820 UNDERTAKER Friends only 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.