

MARGIN RESERVED FOR BINDING
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

1 PLACE OF DEATH—
County Jackson
Civil Dist. 8 Registration District No. 442 File No. 129
or
Village _____ Primary Registration District No. _____ Registered No. _____
or
City _____ (No. _____, St.; _____ Ward)

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

2 FULL NAME Violey Allen

PERSONAL AND STATISTICAL PARTICULARS

8 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> <small>(Write the word)</small>
6 DATE OF BIRTH <u>March 8, 1895</u> <small>(Month) (Day) (Year)</small>		
7 AGE <u>21</u> yrs. <u>7</u> mos. <u>12</u> ds.		# LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housekeeping</u> (b) General nature of industry, business, or establishment in which employed (or employer).		
9 BIRTHPLACE: (State or country) <u>Jackson Co Tenn</u>		
PARENTS	10 NAME OF FATHER <u>John T. Chaffin</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Douglas Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Sallie Hensley</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Co Tenn</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sallie Chaffin
(Address) Douglas

15 Filed Jan 22, 1918 by A. M. Ballard
Sub REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Oct 20, 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:
Influenza

(Duration) _____ yrs. _____ mos. 12 ds.

Contributory Influenza
(SECONDARY) Child Birth
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) N. M. Mc Guire M. D.
_____, 191____ (Address) Douglas

*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. 15 ds. In the 26 yrs. 7 mos. 12 ds.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL <u>Hensley Cemetery</u>	DATE OF BURIAL <u>Oct 21, 1918</u>
20 UNDERTAKER <u>Friends Only</u>	ADDRESS