

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

133

Registration District No. 44412
Primary Registration District No. 12

File No. 16
Registered No. 16

2 FULL NAME Evert H Haney

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

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 December 14, 1901
(Month) (Day) (Year)

7 AGE 16 10 8 If LESS than 1 day, ---- hrs. or ---- min.?
----- yrs. ----- mos. ----- ds.

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

9 BIRTHPLACE Jackson Co Tenn
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER _____
(State or country)

12 MAIDEN NAME OF MOTHER Vernia Haney

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Vernia Hancock
Gainesboro Tenn R #8
(Address)

15 Filed Oct 25, 1918 by J. B. Billingsley REGISTRAR
Gainesboro Tenn #3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 22, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1918, to Oct 21, 1918, that I last saw him alive on Oct 21, 1918, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows: Influenza

(Duration) ----- yrs. ----- mos. ----- ds.

Contributory (SECONDARY) _____
(Duration) ----- yrs. ----- mos. ----- ds.
(Signed) N. M. Nelson, M. D.
Oct 25, 1918 (Address) Gainesboro Tenn

*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 Burd Cemetery DATE OF BURIAL Oct 23, 1918

20 UNDERTAKER Sid Martin ADDRESS Gainesboro Tenn R #3