

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

143

1 PLACE OF DEATH

County Jackson  
Civil Dist. 12  
or  
Village Clenny  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44412

File No. 17

Primary Registration District No. 12

Registered No. 17

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

2 FULL NAME Haschal Lee Hail

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 Sept 6, 1918  
(Month) (Day) (Year)  
7 AGE 1 yrs. 24 mos. 24 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

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

PARENTS  
10 NAME OF FATHER Amos M. Hail  
11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn  
12 MAIDEN NAME OF MOTHER Clarette Apple  
13 BIRTHPLACE OF MOTHER (State or country) Smith Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. M. Hail  
(Address) Ganesharo Tenn R#3

15 Filed Oct 30, 1918 J. O. B. Billingsley REGISTRAR  
Ganesharo  
Tenn R#3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 29, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 28, 1918, to \_\_\_\_\_, 191\_\_\_\_, that I last saw him alive on Oct 28, 1918, and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH\* was as follows:  
Spinal Meningitis  
\_\_\_\_\_  
\_\_\_\_\_  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) N. M. McCom, M. D.  
Oct 30, 1918 Address Ganesharo 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 Richmond Cemetery DATE OF BURIAL Oct 30, 1918

20 UNDERTAKER J. O. Hot ADDRESS Ganesharo Tenn R#3