

WRITE PLAIN 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

146

1 PLACE OF DEATH
County Jackson
Civil Dist. 9 Registration District No. 447 File No. 9
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 not named Still Borne

PERSONAL AND STATISTICAL PARTICULARS

3 SEX boy 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Oct 20, 1918
(Month) (Day) (Year)

7 AGE Still Borne If LESS than 1 day,-----hrs. or-----min.?
-----yrs.-----mos.-----ds.

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

9 BIRTHPLACE (State or country)-----

PARENTS

10 NAME OF FATHER Harrison Allen

11 BIRTHPLACE OF FATHER (State or country) Gainesboro

12 MAIDEN NAME OF MOTHER Viola Choffin

13 BIRTHPLACE OF MOTHER (State or country) Jackson, cv

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lallie Choffin
(Address) Gainesboro

15 Filed Jan 21, 1919 G. M. Ballard REGISTRAR
Sub

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH _____, 191____
(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:
S

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

(Signed) no medical aid, 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-----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 Hensley Cemetery DATE OF BURIAL Oct 21, 1918

20 UNDERTAKER F. Hinds only ADDRESS _____