

MARGIN RESERVED FOR BINDING AND 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**

149

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 1 Registration District No. 442 File No. 2  
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 Larnard Bevin

**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 July 21, 1908  
(Month) (Day) (Year)

7 AGE 10 3 11 If LESS than 1 day, ..... hrs. of ..... min.?  
yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Danesboro

**PARENTS**

10 NAME OF FATHER Wiley Bevin

11 BIRTHPLACE OF FATHER (State or country) Danesboro Jackson Co

12 MAIDEN NAME OF MOTHER Buna Allen

13 BIRTHPLACE OF MOTHER (State or country) Danesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Parents  
(Address) Cookeville

15 Filled Jan 22, 1918 by G. M. Ballard  
Sub REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Nov 2, 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 12 m. a.

The CAUSE OF DEATH\* was as follows:  
Confianza terminating in Pneumonia  
\_\_\_\_\_  
\_\_\_\_\_  
(Duration).....yrs.....mos. 10 ds.

Contributory \_\_\_\_\_ (SECONDARY) \_\_\_\_\_ (Duration).....yrs.....mos.....ds.

(Signed) R. C. H. \_\_\_\_\_, M. D.  
\_\_\_\_\_, 191\_\_\_\_ (Address) Danesboro

\*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 Moulton Cmentary DATE OF BURIAL 2200 3, 1918

20 UNDERTAKER Friends ADDRESS \_\_\_\_\_