

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

156

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson CountyCivil Dist. 9or
Village _____or
City _____Registration District No. 442

Primary Registration District No. _____

St.; _____ Ward)

File No. _____

Registered No. 1(If death occurred in a
hospital or institution,
give its NAME instead
of street and number.)2 FULL NAME Nancie Almira Chaffin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

female

4 COLOR OR RACE

white5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)widow

6 DATE OF BIRTH

nov 13, 1877
(Month) (Day) (Year)

7 AGE

40 yrs. 11 mos. 21 ds.If LESS than
1 day, -----hrs.
or -----min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work(b) General nature of industry,
business, or establishment in
which employed (or employer)Housekeeping9 BIRTHPLACE
(State or country)Jackson Co. Tennessee10 NAME OF
FATHERFox Chaffin11 BIRTHPLACE
OF FATHER
(State or country)Jackson Co12 MAIDEN NAME
OF MOTHERJane Fox13 BIRTHPLACE
OF MOTHER
(State or country)Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha Ballard(Address) Cookeville, Tenn

15

Filed Jan 22, 1918A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

nov 13, 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:

No medical aid
in attendance_____
(Duration) ----- yrs. ----- mos. ----- ds.Contributory
(secondary)_____
(Duration) ----- yrs. ----- mos. ----- ds.

(Signed) _____, 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 ----- yrs. ----- mos. ----- ds.

Where was disease contracted,
if not at place of death? _____Former or
usual residence _____

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Chaffin Cemetery, nov 14, 1918

20 UNDERTAKER

ADDRESS

none

ALL INFORMATION RECEIVED FOR BINDING AN IN WRITING PLAIN. 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.