

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.

1 PLACE OF DEATH

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 444 12  
 Primary Registration District No. 12

159  
 File No. 25  
 Registered No. 25

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

2 FULL NAME Larra le Glatt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant  
(Write the word)

6 DATE OF BIRTH June 1, 1918  
(Month) (Day) (Year)

7 AGE 2 yrs. 5 mos. 15 ds. 1 day, \_\_\_\_\_ hrs. 15 min.?  
IF LESS than

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

10 NAME OF FATHER Logan H Glatt

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

12 MAIDEN NAME OF MOTHER Mary E Johnson

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J W Chaffin  
Gamblesboro Tenn R#3  
 (Address)

15  
 Filed Nov 21, 1918 by J. O. B. Billingsley REGISTRAR  
Gamblesboro Tenn R#3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 15, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 31, 1918, to Nov 12, 1918, that I last saw her alive on Nov 12, 1918, and that death occurred, on the date stated above, at 56 m.

The CAUSE OF DEATH\* was as follows:  
Influenza  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 15 ds.

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

(Signed) W. A. McCom, M. D.  
Nov 21, 1918 Address: Gamblesboro Tenn R#3

\*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 Glatt Cemetery DATE OF BURIAL Nov 16, 1918

20 UNDERTAKER J. L. Glatt Bloomingtan Springs ADDRESS Tenn R#1