

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 blenny
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

167

Registration District No. 44412
 Primary Registration District No. 12

File No. 26
 Registered No. 26

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

2 FULL NAME Grady B. Felatt

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 9, 1918
 (Month) (Day) (Year)

7 AGE 2 5 15 If LESS than
 yrs. mos. ds. 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

10 NAME OF FATHER Frank Felatt

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

12 MAIDEN NAME OF MOTHER Ethel Brown

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ader Fox
Gainedhoro Lem R #3
 (Address)

15 Filed Nov 30, 1918 by W. B. Billingsley REGISTRAR
Gainedhoro Lem R #3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 24, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1918, to Nov 23, 1918, that I last saw him alive on Nov 23, 1918, and that death occurred, on the date stated above, at 9 P. m.

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

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

(Signed) L. R. Anderson, M. D.
Nov 30, 1918 Gainedhoro Lem 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 Felatt Cemetery DATE OF BURIAL Nov 25, 1918

20 UNDERTAKER H. P. Felatt Gainedhoro Lem R #3 ADDRESS _____