

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

176

1 PLACE OF DEATH

County JacksonCivil Dist. 14or
Village _____or
City _____ (No. _____, St.; _____ Ward)Registration District No. 44414

Primary Registration District No. _____

File No. _____

Registered No. 4

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

2 FULL NAME Gordon Franklin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE
(Write the word)6 DATE OF BIRTH November 30, 1917
(Month) (Day) (Year)7 AGE 1 yrs. 3 mos. 3 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) _____9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Tommie Franklin11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Edina Holleran13 BIRTHPLACE OF MOTHER (State or country) Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs George Benson
(Address) Defeated Tenn15 Filed Dec 3, 1918 C. E. Carter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 3, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1918, to Dec 2, 1918, that I last saw her alive on Dec 2, 1918, and that death occurred, on the date stated above, at 7² m.The CAUSE OF DEATH* was as follows:
Pneumonia following
typhus fever
Ha
(Duration) _____ yrs. _____ mos. 4 ds.

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

(Signed) D. T. Cornwall, M. D.
Dec 3, 1918 (Address) Defeated Tenn

*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 Stacy G. G. DATE OF BURIAL Dec 4, 191820 UNDERTAKER None ADDRESS _____

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.

NO MARKING RESERVED FOR BINDING