

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

187

1 PLACE OF DEATH
County Joekman
Civil Dist. 11
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)Registration District No. 44411

File No. _____

Primary Registration District No. 11Registered No. 27

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

2 FULL NAME Stillborn

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 12 27, 1918
(Month) (Day) (Year)7 AGE _____ If LESS than 1 day, -----hrs. or -----min.?
-----yrs. -----mos. -----ds.

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) Tenn10 NAME OF FATHER Hub Meadows11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Norma Carter13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hub Meadows(Address) Garfield15 Filed 1/10, 1919 LR Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 27, 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:

Stillborn

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

(Signed) R. L. Anderson, M. D.
12/27, 1918. (Address) Garfield

*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 Funerary Co. DATE OF BURIAL 1/28, 191820 UNDERTAKER Bill Meadows ADDRESS GarfieldMARGIN RESERVED FOR BINDING
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.