

MARGIN 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.

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STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. No 2 Registration District No. 44402 File No. 16
 OR R2
 Village Haydenburg Primary Registration District No. 2 Registered No. 10
 OR
 City (No. , St.; Ward)
 2 FULL NAME Iron. Spencer Nit
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 6 1920
 (Month) (Day) (Year)

7 AGE 2 If LESS than 1 day, hrs. or min.?
 yrs. mos. ds.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Haydenburg

10 NAME OF FATHER George Nit

11 BIRTHPLACE OF FATHER (State or country) Haydenburg

12 MAIDEN NAME OF MOTHER Minnie Belle Nit

13 BIRTHPLACE OF MOTHER (State or country) Haydenburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE R2
 [Informant] _____
 [Address] _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 8 1920
 (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:
Infant weight 3 # 8 months child
 [Duration] _____ yrs. _____ mos. _____ ds.
 Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.
 Signed J. B. Quarles M. D. Address Whitelyville
 * 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 Ray Grove yard DATE OF BURIAL _____, 191____
 20 UNDERTAKER Pole Wilson ADDRESS Haydenburg

15 Filed Feb 1 1920 George McGawley REGISTRAR