

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.

1 PLACE OF DEATH
 STATE OF TENNESSEE 146
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH
 County Jackson
 Civil Dist. Fred
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)
 Registration District No. 44403 File No. _____
 Primary Registration District No. _____ Registered No. 2
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Chas. Francis Hankins

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH <u>Jan 12 1920</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>Dec 19 1919</u> (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 <u>6 P.M.</u> The CAUSE OF DEATH* was as follows: <u>Exposure to cold</u> <u>1919</u>	
7 AGE <u>X</u> yrs. <u>X</u> mos. <u>24</u> ds.	If LESS than 1 day..... hrs. or..... min.?		[Duration]..... 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).....			Contributory [SECONDARY]..... [Duration]..... yrs..... mos..... ds.	
9 BIRTHPLACE (State or country) <u>Tenn</u>			Signed <u>F. O. Cornwell</u> M. D. _____, 191____ Address <u>Tomboro</u>	
PARENTS	10 NAME OF FATHER <u>Ambrose Hankins</u>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>			
	12 MAIDEN NAME OF MOTHER <u>Leila Ray</u>			
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</u>		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.....		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Walter Ray</u> [Address] <u>Haydenburg Tenn</u>				
15 Filed <u>Jan 13 1920</u> <u>M. L. Lucare</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Camp Ground</u>	
			20 UNDERTAKER <u>Low Skitt</u>	
			DATE OF BURIAL <u>Jan 13 1920</u>	
			ADDRESS <u>Willetts Tenn</u>	