

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		154
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics.		
Civil Dist. <u>3</u>		CERTIFICATE OF DEATH		File No. _____
OR Village <u>Haydenburg</u>		Registration District No. <u>4443</u>		Registered No. <u>3</u>
OR City _____ (No. _____, St.; Ward _____)		Primary Registration District No. _____		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <u>Love May Wolf</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u> (Write the word)	16 DATE OF DEATH <u>Feb-3</u> , 19 <u>20</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>Oct</u> <u>11</u> , 19 <u>14</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY , That I attended deceased from <u>Jan-25</u> , 19 <u>20</u> , to <u>Feb-3</u> , 19 <u>20</u> , that I last saw h. <u>alive</u> on <u>Feb-3</u> , 19 <u>20</u> and that death occurred, on the date stated above, at <u>A.P.M.</u>	
7 AGE <u>5</u> yrs. <u>3</u> mos. <u>11</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>Cerebro-Spinal Meningitis</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.	
10 NAME OF FATHER <u>Walter F. Wolf</u>			Signed <u>J. C. Cornwell</u> M. D. <u>Feb-5</u> , 19 <u>20</u> Address <u>Jamesboro 2</u>	
11 BIRTHPLACE OF FATHER [State or country] <u>Tenn.</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
12 MAIDEN NAME OF MOTHER <u>Mary F. Wolf</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 _____	
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn.</u>			19 PLACE OF BURIAL OR REMOVAL <u>Graves Cemetery</u> DATE OF BURIAL <u>Feb. 6</u> , 19 <u>20</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Walter Wolf</u> [Address] <u>Haydenburg</u>			20 UNDERTAKER <u>Lon Witt</u> ADDRESS <u>Willette Tenn.</u>	
15 Filed <u>Feb 5 20</u> <u>M.H.</u> REGISTRAR				