

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		167
County <u>Jackson</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>12</u>			CERTIFICATE OF DEATH		File No. <u>5</u>
or Village <u>Henry</u>			Registration District No. <u>44412</u>		Registered No. <u>5</u>
or City _____ (No. _____ St.; _____ Ward)			Primary Registration District No. <u>12</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME <u>Rosel Glatt</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>Infant</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>March 2, 1920</u> <small>(Month) (Day) (Year)</small>		
6 DATE OF BIRTH <u>February 12, 1920</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____		
7 AGE _____ yrs. _____ mos. <u>18</u> ds. <small>If LESS than 1 day, -----hrs. or -----min.?</small>			that I last saw h. _____ alive on _____, 191____		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			and that death occurred, on the date stated above, at <u>2 p.m.</u>		
9 BIRTHPLACE (State or country) <u>Jackson Co Tenn</u>			The CAUSE OF DEATH * was as follows: <u>04</u> <u>Unknown Died Sudden</u> <u>No Physician in attendance</u>		
10 NAME OF FATHER <u>Unknown</u>			Contributory _____ <small>(SECONDARY)</small>		
11 BIRTHPLACE OF FATHER (State or country) _____			(Duration) _____ yrs. _____ mos. _____ ds.		
12 MAIDEN NAME OF MOTHER <u>Flora G. Glatt</u>			(Signed) <u>J. B. Billingsley</u> Local Reg. <u>Filed March 25, 1920</u> (Address) _____		
13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Co 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.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Garless Glatt</u> <u>Gainesboro Tenn R#3</u> <small>(Address)</small>			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 _____		
15 Filed <u>March 25, 1920</u> <u>J. B. Billingsley</u> REGISTRAR <u>Gainesboro Tenn R#3</u>			19 PLACE OF BURIAL OR REMOVAL <u>Glatt's Cemetery</u>		DATE OF BURIAL <u>March 2, 1920</u>
			20 UNDERTAKER <u>Jim Glatt Gainesboro Tenn R#3</u>		ADDRESS <u>Gainesboro Tenn R#3</u>