

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.

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

176

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 12 Registration District No. 44412 File No. 6  
or Village Clenny Temporary Registration District No. 12 Registered No. 6  
or City \_\_\_\_\_ (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)  
2 FULL NAME William Marsh Felatt  
(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 Married  
(Write the word)

6 DATE OF BIRTH June 18, 1891  
(Month) (Day) (Year)

7 AGE 28 7 24 If LESS than 1 day, ----hrs. or ----min.?  
-----yrs. -----mos. -----ds.

8 OCCUPATION Farmer  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Jackson Co Tenn

PARENTS

10 NAME OF FATHER J C Felatt

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Mary Hendley

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH March 12, 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 2, 1920, to March 11, 1920, that I last saw him alive on March 11, 1920, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH\* was as follows:  
Influenza followed by Pneumonia

----- (Duration) ----- yrs. ----- mos. ----- ds. 10

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

(Signed) L R Anderson M. D.  
March 20, 1920 (Address) Gainesboro Tenn R#4

\*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 -----

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W P Felatt  
Gainesboro Tenn R#3  
(Address)

15 Filed March 20, 1920 W B Billingsley REGISTRAR  
Gainesboro Tenn R#3

19 PLACE OF BURIAL OR REMOVAL Felatt's cemetery DATE OF BURIAL March 12, 1920

20 UNDERTAKER L M Lock Gainesboro Tenn ADDRESS R#3