

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
 County York
 Civil Dist. ?
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

204

Registration District No. 44, H.D.

File No. 9

Primary Registration District No. _____

Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Samuel Hain

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** _____
(Write the word)

6 DATE OF BIRTH Apr. 1 1990
(Month) (Day) (Year)

7 AGE 37 years **If LESS than 1 day, _____ hrs. or _____ min.?**

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

9 BIRTHPLACE (State or country) Bainbridge

10 NAME OF FATHER Bill Hain

11 BIRTHPLACE OF FATHER [State or country] Bainbridge

12 MAIDEN NAME OF MOTHER Eliza Hadden

13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Miss J. H. Hain

[Address] Bainbridge

15
 Filed Apr 1, 1920 Miss J. H. Hain
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 1 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:

unknown
 [Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed A. C. Hain, M. D.
Apr. 20, 1920 Address Bainbridge

* 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 Pharis Cemetery **DATE OF BURIAL** Apr. 1, 1920

20 UNDERTAKER Bill Hain **ADDRESS** Bainbridge