

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. # 3

Village \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44403

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 6

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

2 FULL NAME Willie Yvonne Gray

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, single  
WIDOWED,  
OR DIVORCED  
(Write the word)6 DATE OF BIRTH Apr. 20, 1920  
(Month) (Day) (Year)7 AGE 1 yrs. 1 mos. 14 ds. 1 LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Jimmie A. Gray11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Abbie Rosewell13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. Rosewell(Address) Garrettsville Tenn.15 Filed May 24 1920 M. H. T. 1920  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 24, 1920  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 16, 1920 to May 24, 1920, that I last saw him alive on May 24, 1920 and that death occurred, on the date stated above, at 5 a.m.The CAUSE OF DEATH\* was as follows:  
Broncho Pneumonia  
11 Co  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) F. D. Connell M. D.  
May 24, 1920 (Address) Garrettsville

\*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 Jacksonville DATE OF BURIAL May 26, 192020 UNDERTAKER Lowie Hill ADDRESS 1116 1/2

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.