

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		215
County <u>Jackson</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>12</u>			Bureau of Vital Statistics		
or Village <u>Mayfield</u>			CERTIFICATE OF DEATH		File No. <u>9</u>
or City _____ (No. _____, St.; Ward _____)			Registration District No. <u>44412</u>		Registered No. <u>9</u>
2 FULL NAME <u>Fatima S. Vetterton</u>			[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
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>Married</u> (Write the word)	16 DATE OF DEATH <u>May 26, 1920</u> (Month) (Day) (Year)		
6 DATE OF BIRTH <u>September 21, 1888</u> (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 <u>5 a.m.</u>		
7 AGE <u>41</u> yrs. <u>6</u> mos. <u>5</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?			The CAUSE OF DEATH* was as follows: <u>No Physician in charge</u> <u>Died Sudden of Heart</u> <u>Failure in one minute</u> .....(Duration)..... yrs. .... mos. .... ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>House Keeping</u> (b) General nature of industry, business, or establishment in which employed (or employer).....			Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.		
9 BIRTHPLACE (State or country) <u>Jackson Co Tenn.</u>			(Signed) <u>W. H. McLeon</u> , M. D. <u>May 28, 1920</u> <u>Ganeshbaro Tenn R#3</u> (Address)		
PARENTS	10 NAME OF FATHER <u>J. D. Chaffin</u>	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Co Tenn.</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.....			
	12 MAIDEN NAME OF MOTHER <u>Parlette F. Hot</u>	19 PLACE OF BURIAL OR REMOVAL <u>Hot Cemetery</u>			
	13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Co Tenn.</u>	DATE OF BURIAL <u>May 26, 1920</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>R. S. Hot</u> <u>Ganeshbaro Tenn R#3</u> (Address)			20 UNDERTAKER <u>J. H. Chaffin Ganeshbaro Tenn R#3</u>		
15 Filed <u>May 28, 1920</u> <u>J. B. Billingsley</u> <u>Ganeshbaro Tenn R#3</u>					