

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		STATE OF TENNESSEE		238
County <u>Jackson</u>		STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u># 4</u>		CERTIFICATE OF DEATH		File No. _____
OR Village _____		Registration District No. <u>44404</u>		Registered No. <u>11</u>
OR City _____ (No. _____ St.; _____ Ward)		Primary Registration District No. _____		[If death occurred in a hospital or institution, give its NAME instead of street and number.]
2 FULL NAME <u>Stell Born</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 (Write the word) <u>Single</u>	16 DATE OF DEATH <u>July 4 1920</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>July 4 1920</u> [Month] [Day] [Year]			17 I HEREBY CERTIFY, That I attended deceased from <u>July 4 1920</u> to _____, 191____, that I last saw h _____ alive on _____, 191____, and that death occurred, on the date stated above, at <u>3 A.M.</u>	
7 AGE ____ yrs. ____ mos. ____ ds. or ____ min.?			The CAUSE OF DEATH* was as follows: <u>Stell Born</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			[Duration] yrs. ____ mos. ____ ds.	
9 BIRTHPLACE (State or country) <u>Tenn</u>			Contributory [SECONDARY] _____	
PARENTS	10 NAME OF FATHER <u>William Halaway</u>		[Duration] yrs. ____ mos. ____ ds.	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>		Signed <u>Frank B Clark</u> M. D.	
	12 MAIDEN NAME OF MOTHER <u>Martha Cherry</u>		<u>Aug 21, 1920</u> Address <u>Haydenburg</u>	
13 BIRTHPLACE OF MOTHER [State or country] <u>Clay 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>Tom Halaway</u> [Address] <u>Whittierville</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 _____	
15 Filed <u>8-20</u> 19 <u>20</u> <u>Pat Clark</u> REGISTRAR			19 PLACE OF BURIAL OR REMOVAL <u>Kith Gram yard</u> DATE OF BURIAL <u>July 5 1920</u>	
			20 UNDERTAKER <u>M. E. Cherry &amp; Co. Whittierville</u> ADDRESS	