

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITHOUT FADING 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 249

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

County Jackson
Civil Dist. H. ch
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. H4404 File No. _____
Primary Registration District No. _____ Registered No. 14

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

2 FULL NAME Arthur Chester Raine

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 13 1919
Month Day Year

7 AGE 11 yrs. 14 mos. 4 da. or ... min.?
If LESS than 1 day, ... hrs.

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) Tenn. Jackson Co.

PARENTS

10 NAME OF FATHER Clay Raine

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Willie Willett

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] B. M. Crabtree
[Address] Whitesville

15 Filed 8-28 20 Pat Clark

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 27 1920
Month Day Year

17 I HEREBY CERTIFY, That I attended deceased from Aug 14 1920 to Aug 27 1920, that I last saw him alive on Aug 27 1920 and that death occurred, on the date stated above, at 22 1/2 M.

The CAUSE OF DEATH* was as follows:
Apoplexy (Caused from falling off the bed)
[Duration] yrs. ... mos. 21 da.

Contributory [SECONDARY] Anterior Poliomyelitis
[Duration] yrs. ... mos. 4 da.

Signed Frank B. Clark, D.
Aug 28, 1920 Address Haydenburg

* 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. ... da. In the State ... yrs. ... mos. ... da.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Crabtree Grave yard DATE OF BURIAL 8-28 1920

20 UNDERTAKER B. P. Clark ADDRESS Whitesville