

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 Jackson
 Civil Dist. 4
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

252

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 68809
 Primary Registration District No. _____

File No. 12

Registered No. 12

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

2 FULL NAME Celisa Elia Stallon

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 1 1910
 (Month) (Day) (Year)

7 AGE 1 5
 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Grundy Stallon

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Lillie Allen

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Grundy Stallon

[Address] Paducah

15 Filed Nov 2, 1910 W. H. Stallon
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 5 1910
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 1910 to _____ 1910
 that I last saw h. alive on _____ 1910

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 _____, M. D.
 _____, 1910 Address _____

* 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 Anderson Branch DATE OF BURIAL Oct 1 1910

20 UNDERTAKER Friend ADDRESS _____