

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. # 3  
or  
Village  
or  
City (No. , St.; Ward)

STATE OF TENNESSEE 258

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

Registration District No. 14403 File No.  
Primary Registration District No. 11 Registered No. 9  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William Hoyt Hackett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
6 DATE OF BIRTH Aug. 23, 1920  
7 AGE 6 yrs. 6 mos. 21 ds. If 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.

PARENTS  
10 NAME OF FATHER Gaspar Hackett  
11 BIRTHPLACE OF FATHER (State or country) Tenn.  
12 MAIDEN NAME OF MOTHER Lila Corruell  
13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Lila Hackett  
[Address] Haydenburg Tenn.

15 Filed Sept. 14 1920 M. M. Jeger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 13, 1920  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1920, to Sept. 13, 1920, that I last saw him alive on Sept. 13, 1920 and that death occurred, on the date stated above, at 10:40 A.M.  
The CAUSE OF DEATH\* was as follows:

11a  
Broncho Pneumonia  
[Duration] yrs. mos. ds.  
Contributory [SECONDARY] Influenza  
[Duration] yrs. mos. ds.

Signed F. C. Corruell M. D.  
Sept. 14, 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 DATE OF BURIAL  
Saltlick Cemetery Sept. 14 1920  
20 UNDERTAKER ADDRESS  
Lois Witt Widdett Farm