

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** 262
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

County Jackson
 Civil Dist. # 2
 OR Haydenbury Registration District No. 44402
 OR 22 Primary Registration District No. 2
 City No. St.; Ward

File No. 21
 Registered No.
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lee Burton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** white **5 SINGLE - MARRIED, WIDOWED, OR DIVORCED** Infant
(Write the word)

6 DATE OF BIRTH Sept 11 1920
(Month) (Day) (Year)

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

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Bob Burton
11 BIRTHPLACE OF FATHER (State or country) Tenn.
12 MAIDEN NAME OF MOTHER Verna Carter
13 BIRTHPLACE OF MOTHER (State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 23 1920
(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 4 a.m.

The CAUSE OF DEATH* was as follows:
This statement was made by the father.
It died without medical attention so stated
[Duration]..... yrs. mos. ds.

Contributory [SECONDARY] [Duration]..... yrs. mos. ds.
Signed , M. D.
 , 191 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant]
 [Address]

15
 Filed Oct 1 1920 Alonzo McLawley REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Richmond Heave **DATE OF BURIAL** Sept 23 1920
20 UNDERTAKER John Richmond Hainesboro **ADDRESS**