

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. 9
 OR
 Village _____
 OR
 City _____ (No. _____ St.; Ward _____)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH
 Registration District No. 144408 File No. 17
 Primary Registration District No. _____ Registered No. 17

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

2 FULL NAME Louis ⁶⁰ Louis Chaffie

PERSONAL AND STATISTICAL PARTICULARS

3 SEX 1009 **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single
(Write the word)

6 DATE OF BIRTH Mar 15 1888
(Month) (Day) (Year)

7 AGE 1 6 21 **If LESS than 1 day, hrs. or min.?**
Yrs. Mos. ds.

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 Jackson, Mo.
(State or country)

10 NAME OF FATHER Martin van Chaffie

11 BIRTHPLACE OF FATHER Jackson, Mo.
(State or country)

12 MAIDEN NAME OF MOTHER Olga Collins

13 BIRTHPLACE OF MOTHER Jackson, Mo.
(State or country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 7 1920
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from death 1911 to death 1911
 that I last saw h. alive on the time 1911
 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
not being known definitely and that the cause of death was Dysentery
 [Duration] yrs. mos. ds.

Contributory [SECONDARY] _____
 [Duration] yrs. mos. ds.

Signed Geo R. C. M. D.
 _____, 1911 Address Barnettboro

* 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. State _____ yrs. mos. ds.
 In the all his life

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] Olga Chaffie mother
 [Address] Cookman 6 149

15 Filed Oct 31 1920 U. M. Ballard
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Hendley cemetery **DATE OF BURIAL** Oct 8 1920

20 UNDERTAKER Friends **ADDRESS** _____