

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** 282  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

County Lambson Registration District No. 142 File No. \_\_\_\_\_  
 Civil Dist. Wk Primary Registration District No. \_\_\_\_\_ Registered No. 9  
 OR  
 Village Hillman 1441 St.: \_\_\_\_\_ Ward \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

**2 FULL NAME** Ray Gray

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

**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** 3 / 19 / 1920  
 (Month) (Day) (Year)

**7 AGE** 0 yrs. 8 mos. 12 da. 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

**PARENTS**

**10 NAME OF FATHER** Willie Gray  
**11 BIRTHPLACE OF FATHER** (State or country) Tenn  
**12 MAIDEN NAME OF MOTHER** Ida Boice  
**13 BIRTHPLACE OF MOTHER** (State or country) Tenn

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** 10 / 21 / 1920  
 (Month) (Day) (Year)

**17 I HEREBY CERTIFY, That I attended deceased from** 10 / 1920 to 10 / 13 / 1920,  
 that I last saw her alive on 10 / 13 / 1920,  
 and that death occurred, on the date stated above, at 10:15 PM  
 The CAUSE OF DEATH\* was as follows:  
Pneumonia

[Duration] ... yrs. ... mos. ... da.

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] ... yrs. ... mos. ... da.

Signed W. M. Brown M. D.  
11 / 1920 Address Hillman Tenn

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF 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 \_\_\_\_\_

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

[Informant] Willie Gray  
 [Address] Hillman Tenn

**15** Filed 10 / 21 / 1920 A. J. Pharris REGISTRAR

**19 PLACE OF BURIAL OR REMOVAL** Maxwell Cem. **DATE OF BURIAL** 11 / 1920

**20 UNDERTAKER** Willie Gray **ADDRESS** Hillman Tenn