

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.

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

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. # 4  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

290  
 File No. \_\_\_\_\_  
 Registered No. 151  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Stille Barn

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female  
 4 COLOR OR RACE White  
 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_  
hrs. mos. ds. or min.?

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 (State or country) Tenn

10 NAME OF FATHER Phillip Crowder  
 11 BIRTHPLACE OF FATHER (State or country) Tenn  
 12 MAIDEN NAME OF MOTHER Fourina Hunter  
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Nov 4 20  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from no physician to \_\_\_\_\_, 1920  
 that I last saw attendance \_\_\_\_\_, 1920  
 and that death occurred, on the date stated above, at \_\_\_\_\_ M  
 The CAUSE OF DEATH\* was as follows:  
Not known

[Duration] yrs. 5 mos. 3 ds.  
 Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed Patt Clark L. N. V. M. D.  
Nov. 4 1920 Address Haydenburg

\* 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] Phillip Crowder  
 [Address] Haydenburg

15 Filed 11-4-20 Patt Clark REGIS. CLERK

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 Willson Grove DATE OF BURIAL Nov-4 1920  
 20 UNDERTAKER Sam Ratt ADDRESS Haydenburg