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

291

1 PLACE OF DEATH

County Jackson

Civil Dist. 11
or
Village
or
City (No. , St.; Ward)

Registration District No. 44411 File No. 11

Primary Registration District No. 11 Registered No.

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

2 FULL NAME Stillborn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: 11 (Month) 26 (Day), 1920 (Year)

7 AGE: — yrs. mos. ds. If LESS than 1 day, hrs. 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.

PARENTS

10 NAME OF FATHER: Bob Daniel Meadows

11 BIRTHPLACE OF FATHER (State or country): Tenn.

12 MAIDEN NAME OF MOTHER: Zanda Jones

13 BIRTHPLACE OF MOTHER (State or country): Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bob Daniel Meadows

(Address) Gainesboro Ky

15 Filed 12/8, 1920 L. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 11 (Month) 26 (Day), 1920 (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 m.

The CAUSE OF DEATH* was as follows:

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) L. Anderson, M. D.

11/27, 1920 (Address) Gainesboro Ky

*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: Enquay Cem. DATE OF BURIAL: 11/27, 1920

20 UNDERTAKER: Gabe Meadows ADDRESS: Gainesboro

Form V. S. No. 4—100M * FOSTER & PARKES CO., NASHVILLE