

## 1 PLACE OF DEATH

County Jackson,Civil Dist. #12or  
Village \_\_\_\_\_or  
City Bloomington Spgs., (N.B. #1, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

293

Registration District No. 4-114-12-File No. 16Primary Registration District No. 12Registered No. 16

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

2 FULL NAME Bennett Way Jr.,

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE V 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)6 DATE OF BIRTH December, 9, 1920  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, 6 hrs. or \_\_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Non  
(b) General nature of industry, business, or establishment in which employed (or employer) Non9 BIRTHPLACE (State or country) Jackson Co. Tenn.10 NAME OF FATHER A. B. Way,11 BIRTHPLACE OF FATHER (State or country) Jackson Co. Tenn.12 MAIDEN NAME OF MOTHER P. L. Smith,13 BIRTHPLACE OF MOTHER (State or country) Jackson Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. Way(Address) Bloomington Spgs.15 Filed Dec 20, 1921 J. M. O. Billingsley REGISTRAR

Form V. S. No. 4-25M

\* PRICE 5 CENTS

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 9, 1920  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1920, to Dec. 9, 1920, that I last saw him alive on Dec. 9, 1920, and that death occurred, on the date stated above, at 5 P. M.The CAUSE OF DEATH\* was as follows: Premature borned.

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. M. O. Billingsley, M. D.12/10/20, 191... (Address) Bloomington

\*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 Pharris Grave yard DATE OF BURIAL 12/10/20, 192120 UNDERTAKER H. Way, acting ADDRESS BloomingtonMARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. A G.E. 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.