

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. Sixth  
or  
Village Gainsboro R.R. #1  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. \_\_\_\_\_  
Primary Registration District No. 442

File No. 3150

Registered No. 2

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

2 FULL NAME Wm Elmer Green

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 1 12 1921  
(Month) (Day) (Year)

7 AGE 0 yrs. 1 mos. 2 ds. If LESS than 1 day, X hrs. or X 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

10 NAME OF FATHER John Green

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Mary Barlow

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] John Green  
[Address] Gainsboro Tenn R. 2

15 Filed 3/1 1921 A. J. Harris  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 14 1921  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 2-12 1921 to 2-12 1921, that I last saw him alive on 2-12 1921 and that death occurred, on the date stated above, at 2:00 M. The CAUSE OF DEATH\* was as follows:

Valvular (entirely) Obstructions

Contributory [SECONDARY] \_\_\_\_\_ (Duration) yrs. mos. ds.

Signed W. M. Brown M. D. 2-19 1921 Address Hillman Tenn

\* 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 Antioch Cem. DATE OF BURIAL 2-15 1921

20 UNDERTAKER S. L. Brown ADDRESS Gainsboro R. 2

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.