

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

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

County Jackson,

Civil Dist. # 12

or  
Village \_\_\_\_\_

City Bloomington Spgs., R #1

Registration District No. 444 12

Primary Registration District No. 12

File No. 2323

Registered No. 2

St.; Ward)

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

2 FULL NAME Willie Chesney,

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH February 27, 1921  
(Month) (Day) (Year)

7 AGE 1 yrs. 1 mos. 1 ds. If LESS than 1 day, 12 hrs. or 12 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) non

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER J.F. Chesney,

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Cora Johnson,

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J.F. Chesney,

(Address) Bloomington Springs, Tenn

15 Filed March 2, 1921

J. M. Hillingley  
J. M. Hillingley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 28, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, that I last saw her alive on 2/27/21, 191, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH\* was as follows:  
Premature birth,

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

(Signed) J. M. Weeks, M. D.  
3/1/21, 191 (Address) Bloomington Spg

\*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 Flatt Grave yard DATE OF BURIAL 3/1/21, 191

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_