

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

County Jackson
 Civil Dist. 12
 or Village Lehmig
 or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

325

File No. one
 Registered No. one

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

2 FULL NAME Still Barn Birdwell

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 Feb 23, 1921
(Month) (Day) (Year)

7 AGE Still Barn If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Nine
 (b) General nature of industry, business, or establishment in which employed (or employer) Nine

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER H Birdwell

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Fannie Pippine

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) B B Hot
 (Address) Gainesboro Tenn R#3

15 Filed Feb 26, 1921 Jno B. Billingsley REGISTRAR
Gainesboro Tenn R#3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 23, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____ 191____, that I last saw h_____ alive on Still Barn, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Prenature Birth

Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W M McLean M. D.
Feb 26, 1921 (Address) Gainesboro Tenn R#3

*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 Hot Cemetery DATE OF BURIAL Feb 23, 1921

20 UNDERTAKER John H. Hot ADDRESS Gainesboro Tenn R#3