

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 Mayfield
Village
or
City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 144412
Primary Registration District No. 12

File No. 7 389

Registered No. 7

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

2 FULL NAME Still Barn Chaffin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(Write the word)

16 DATE OF DEATH _____, 191
(Month) (Day) (Year)

6 DATE OF BIRTH Sept 13, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191, to _____, 191,

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

that I last saw h _____ alive on _____, 191, and that death occurred, on the date stated above, at _____ m.

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

The CAUSE OF DEATH* was as follows: 5

9 BIRTHPLACE (State or country) Jackson Co Tenn

Still Barn
(Duration) -----yrs. -----mos. -----ds.

10 NAME OF FATHER Herod Chaffin

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

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

(Signed) Lenny Rash Midwife
Sept 18, 1921 (Address) Bloomington Tenn

12 MAIDEN NAME OF MOTHER Margaret Scarlet

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death -----yrs. -----mos. -----ds. In the State -----yrs. -----mos. -----ds.

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

Where was disease contracted, if not at place of death? _____
Former or usual residence _____

15 Filed Sept 18, 1921 Jno B Billingsley
Gainesboro Tenn R #3 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Hot Springs DATE OF BURIAL Sept 18, 1921

20 UNDERTAKER S N Chaffin ADDRESS Gainesboro Tenn R #3