

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

1 PLACE OF DEATH

County JacksonCivil Dist. 11

Village _____

City _____ (No. _____, St.; _____ Ward)

Registration District No. 44411Primary Registration District No. 11File No. 391Registered No. 11

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

2 FULL NAME Stubborn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH 9 15 1921
(Month) (Day) (Year)7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Byrd Spurlock11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Jane Allen13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Byrd Spurlock[Address] Gainesboro #315 Filed 10/10/21 L. P. Hudson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 15 1921
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ M
The CAUSE OF DEATH* was as follows: S

Contributory [SECONDARY] _____

[Duration] _____ yrs. _____ mos. _____ ds.

Signed _____ M. D.

_____, 191____ Address _____

* 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 DATE OF BURIAL

Allen Care, 9/16 1921

20 UNDERTAKER ADDRESS

Bill Allen Gainesboro

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.