

MADE IN KENNESAW 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

CERTIFICATE OF DEATH

393

Civil Dist. No 2

Registration District No. 44402

File No. 203

Village Hainesboro

Primary Registration District No. 2

Registered No. 203

City not named

(No. 2 St.; Ward)

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

2 FULL NAME Lester Reece

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

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

6 DATE OF BIRTH Oct 2 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1921 to Oct 2 1921

7 AGE 5 or about so If LESS than 1 day..... hrs. or..... min.?

that I last saw him alive on Oct 2 1921 and that death occurred, on the date stated above, at M
The CAUSE OF DEATH* was as follows:

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

Diphtheria
[Duration] yrs. mos. da.

9 BIRTHPLACE (State or country) Jackson Co Tenn

Contributory [SECONDARY] [Duration] yrs. mos. da.

10 NAME OF FATHER Bob Reece

Signed F. D. Cornwell M. D.
Oct 3 1921 Address Haydenburg Tenn

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

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

12 MAIDEN NAME OF MOTHER Mary Right

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

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death..... yrs. mos. da. State..... yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence.

[Informant] [Address]

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1921

15 Filed Oct 5 1921 Alonzo Mcbawley REGISTRY

20 UNDERTAKER Craighead Hainesboro ADDRESS Hainesboro Tenn