

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.

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. No 1
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

Registration District No. 441 File No. 12413
 Primary Registration District No. 44401 Registered No. _____

2 FULL NAME James W. Stafford

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married
(Write the word)

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 76 yrs. _____ mos. _____ da. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. Garment 000
 (b) General nature of industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Robert Stafford

11 BIRTHPLACE OF FATHER [State or country] Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Minney Young

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] _____
 [Address] _____

15 Filed Dec 9 1921 by Wm M H Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 12 1921
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 1921, to Nov 12, 1921, that I last saw him alive on Nov 12, 1921, and that death occurred, on the date stated above, at 7 A.M.
 The CAUSE OF DEATH* was as follows:
Vagina Cancer 89

[Duration] 2 yrs. _____ mos. _____ da.
 Contributor [SECONDARY] Stasis-sclerosis
 [Duration] 10 yrs. _____ mos. _____ da.
 Signed W. G. Law M. D.
 Dec 7 1921 Address Clinton Tenn

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

19 PLACE OF BURIAL OR REMOVAL Stafford Cemetery **DATE OF BURIAL** Nov 13, 1921

20 UNDERTAKER Drapes & Sons **ADDRESS** Clinton Tenn