

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 13

Village _____

or _____

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

Registration District No. 44413Primary Registration District No. 13File No. 1821Registered No. 78

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

2 FULL NAME Infant Hawkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH Nov 29 1921
Stu Bon (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 X
(b) General nature of industry, business, or establishment in which employed (or employer) X9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER W. Rodford Hawkins11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Abb. Patel13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] W. B. Hawkins[Address] Whiteville15 File Nov 29 1921 J. D. Quarles REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 29 1921
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Nov 29 1921 to Nov 29 1921that I last saw him alive on Stu Bon 1921
and that death occurred, on the date stated above, at 15 M

The CAUSE OF DEATH* was as follows:

Strangled Cord

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

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

Signed J. D. Quarles M. D.Nov 29 1921 Address Whiteville

* 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 Local - City DATE OF BURIAL Nov 29 192120 UNDERTAKER None ADDRESS _____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.