

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. 13
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44413
Primary Registration District No. 13

File No. 288
Registered No. 79

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

2 FULL NAME Infant -

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan. 9 - 1922
(Month) (Day) (Year)

7 AGE _____ If LESS than 1 day 3 hrs. or 20 min.?
yrs. mos. ds.

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Robt Lee Meadows

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Edna Elizabeth Shouder

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Robt Lee Meadows
[Address] Whitely vic

15 Filed Jan 9 1922 J. D. P. Meadows
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 9 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan. 9 - 1922 to Jan 9 - 1922, that I last saw her alive on Jan. 9 - 1922 and that death occurred, on the date stated above, at 7:20 M

The CAUSE OF DEATH* was as follows:
Premature Baby 1610

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

Signed J. D. P. Meadows M. D.
1-9-1922 Address Whitely vic

* 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 Johnson Cemetery DATE OF BURIAL Jan. 9 - 1922
20 UNDERTAKER None ADDRESS None