

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. No 2
OR
Village Haydenburg
OR
City R 2 (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. H4402
Primary Registration District No. 2
(No. , St.; Ward)

File No. 7357
Registered No. 7

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

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 6 10 1922
(Month) (Day) (Year)

7 AGE Twins If LESS than 1 day, ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Haydenburg R 2

10 NAME OF FATHER Geo Jones

11 BIRTHPLACE OF FATHER (State or country) Haydenburg R 2

12 MAIDEN NAME OF MOTHER Rosie Peyton

13 BIRTHPLACE OF MOTHER (State or country) Haydenburg R 2

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

15 Filed June 11 1922 A Mcawley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 6 10 1922
[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: 161a Primature of birth alive

[Duration] yrs. mos. ds.

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

Signed F O Corinwell M. D. June 4, 1922 Address Haydenburg

* 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 Peyton Grave yard DATE OF BURIAL June 11 1922
20 UNDERTAKER James Peyton ADDRESS Haydenburg R 2