

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson Co
Civil Dist. First
OR
Village Gainesbar
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 441
Primary Registration District No. 44401

File No. 188

Registered No. _____

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

2 FULL NAME Ray Dill

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 Sept 4 1922
(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 _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE first dist Jackson Co
(State or country)

10 NAME OF FATHER Carly Dill

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

12 MAIDEN NAME OF MOTHER Louise Rush

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

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

[Address] _____

15 Filed Nov 9 1922 Mrs M H Dittler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 4 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept 4 1922 to Sept 4 1922, that I last saw him alive on _____, 1922, and that death occurred, on the date stated above, at _____ M.
The CAUSE OF DEATH* was as follows:

Stroke
[Duration] yrs. mos. ds.

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

Signed M. Mc Coin M. D.
Sept 4 1922 Address Gainesbar

* 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 Stifford cemetery DATE OF BURIAL Sept 5 1922

20 UNDERTAKER now 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.