

MAGNAN 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. 11
OR
Village _____
OR
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 444 11
Primary Registration District No. 11

File No. 389

Registered No. 17

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

2 FULL NAME Stillbarn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH 9 22 1922
(Month) (Day) (Year)

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

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 (State or country) Tenn

10 NAME OF FATHER Cook Allen

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Meneroy Mayberry

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Cook Allen
[Address] Granville R#1

15 Filed 10/10 1922 L. P. Henderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 22 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:
Stillbarn
[Duration] yrs. mos. ds.

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

Signed L. P. Henderson M. D.
9/23 1922 Address Granville

* 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 Granville DATE OF BURIAL 9/23 1922

20 UNDERTAKER B. M. Morgan ADDRESS Granville