

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 JacksonCivil Dist. 11OR
Village _____OR
City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 444 11Primary Registration District No. 11File No. 400Registered No. 19

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

2 FULL NAME Johnnie Platt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)6 DATE OF BIRTH 9 5 1921
(Month) (Day) (Year)7 AGE 1 yrs. 1 mos. 15 ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION Infant
(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 Lee Platt11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Clis Jones13 BIRTHPLACE OF MOTHER (State or country) Tenn.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Lee Platt
[Address] Gainesboro15 Filed 11/22 L. R. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 20 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 10 1922 to Oct 20, 1922, that I last saw her alive on Oct 20, 1922 and that death occurred, on the date stated above, at 10 P M
The CAUSE OF DEATH* was as follows:
Influenza 110[Duration] _____ yrs. _____ mos. 10 ds.Contributory [SECONDARY] Bron. Pneum.Signed L. R. Anderson M. D.
1922 Address Gainesboro

* 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 Pharris Cem DATE OF BURIAL 11/21 192220 UNDERTAKER Frank Pate ADDRESS Gainesboro