

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. 12  
 or Mayfield  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

402

Registration District No. 44412  
 Primary Registration District No. 12

File No. 15  
 Registered No. 15

(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Still Barn Pryar

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct. 2, 1922  
(Month) (Day) (Year)

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

8 OCCUPATION None  
 (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) Jackson Co Tenn

PARENTS  
 10 NAME OF FATHER Charley Pryar  
 11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn  
 12 MAIDEN NAME OF MOTHER Vina Hendley  
 13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Charley Pryar  
Saintbaro Tenn R #3  
(Address)

15 Filed Oct 12, 1922 Jno B Billingsley REGISTRAR  
Saintbaro Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 2, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Still Born 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:  
Strangulation at Birth

Contributory (SECONDARY) \_\_\_\_\_ (Duration) yrs. mos. ds.  
 (Signed) N M McBoin M. D.  
Saintbaro Tenn R #3  
(Address)

\*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 Denton Cemetery DATE OF BURIAL Oct 3, 1922  
 20 UNDERTAKER J W McBoin ADDRESS Saintbaro Tenn R #3