

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. No 1OR
Village _____OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 441File No. 20410Primary Registration District No. 44401

Registered No. _____

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

2 FULL NAME Charlie Chaffin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH Oct 9 1891
(Month) (Day) (Year)7 AGE 31 yrs. 1 mos. 8 ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER John R. Chaffin11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Rachel Rogers13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] W. B. Gandy[Address] Chimney Fork Tenn15 Filed 2019 22 Nov 20 1922 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 16 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 15 1922 to Nov 16 1922, that I last saw him alive on Nov 15 1922 and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* was as follows:

Peritonitis, abscess with a general blood stream infection. (Cholera Septicemia)

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

Contributory Dysenteric Toxemia, [SECONDARY]

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

Signed R. B. Gandy M. D.1914, 1922 Address Chimney Fork Tenn

* 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 DATE OF BURIAL

Chaffin Farm Good 11/5/22

20 UNDERTAKER ADDRESS

None