

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County Jackson
Civil Dist. 12
or Village Lehenny
or City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

7 7
D² 1420
File No. 18
Registered No. 18

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

2 FULL NAME

Riley C. Chaffin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 4, 1874
(Month) (Day) (Year)

7 AGE 48 yrs. 7 mos. 7 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) Jackson Co Tenn

10 NAME OF FATHER John H. Chaffin

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

12 MAIDEN NAME OF MOTHER Nancy C. Williams

13 BIRTHPLACE OF MOTHER (State or country) White Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jane W. Chaffin
(Address) Gainesboro Tenn R #3

15 Filed Dec 5, 1922 Jno B. Billingsley
REGISTRAR
Gainesboro Tenn R #3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 4, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1922, to Dec 4, 1922, that I last saw him alive on Dec 4, 1922, and that death occurred, on the date stated above, at 7 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia in a 1016
Malignant Form

(Duration) _____ yrs. _____ mos. 5 ds.

Contributory _____ (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. M. McLesin M. D.
Dec 5, 1922 (Address) Gainesboro Tenn R #3

*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 Hot cemetery DATE OF BURIAL Dec 5, 1922

20 UNDERTAKER W. H. Birdwell ADDRESS Gainesboro Tenn R #3