

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 11OR
Village _____OR
City _____ (No. _____ St.; _____ Ward)Registration District No. 444 11Primary Registration District No. 11

File No. _____

Registered No. 5

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

2 FULL NAME Stillborn

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 1 20 1923
(Month) (Day) (Year)7 AGE _____ IF LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.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 Willie Wade11 BIRTHPLACE OF FATHER [State or country] Tenn.12 MAIDEN NAME OF MOTHER Vala Bell Burgess13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Willie Wade[Address] Grainville T.15 Filed 2/10 1923 L. R. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 1 20 1923
(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: 2056Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.Signed L. R. Anderson M. D.1/21 1923 Address Grainville

* 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 Harris Cem DATE OF BURIAL 1/21 192320 UNDERTAKER Alvin Byrne ADDRESS Grainville

MARGIN 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.