

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNKADING 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
Village Levensworth
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

347

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412
Primary Registration District No. 12

File No. 4

Registered No. 4

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

2 FULL NAME

Benton Schlatt

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 9 1923
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day, 2 hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work None
(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 Ira Schlatt

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

12 MAIDEN NAME OF MOTHER Flora Loftis

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) a c Medlin
(Address) Gainesboro Tenn R#8

15

Filed Feb 22 1923 And B B Billingsley
Gainesboro Tenn R#8 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 9 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1923 to 1923, that I last saw him alive on Feb 9 1923 and that death occurred, on the date stated above, at 3 A M
The CAUSE OF DEATH* was as follows:

Immature Birth 61a
[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.
Signed Lenny Rahn Midwife
Feb 22 1923 Address Bloomington Tenn R#1

* 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 Schlatt Cemetery DATE OF BURIAL Feb 20 1923

20 UNDERTAKER a c Medlin Gainesboro Tenn R#8 ADDRESS _____