

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. 4th
OR
Village
OR
City (No. St. Ward)

STATE OF TENNESSEE

376

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44404
Primary Registration District No.

File No.

Registered No. 6

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

2 FULL NAME Charles Reeves West

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH Oct. 10, 1921
(Month) (Day) (Year)

7 AGE 1 yrs. 5 mos. 21 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work at home (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER Sidney Cicero West

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Eddie Spivey

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] S. C. West

[Address] Haydenburg Tenn.

15 Filed Apr 11 1923 Patt Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 1st, 1923
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 12-30 P.M. April 31st 1923 to 4 P.M. May 31, 1923, that I last saw him alive on May 31st at 4 P.M. 1923, and that death occurred, on the date stated above, at 7 A.M. The CAUSE OF DEATH* was as follows: 113

Cholera Infantum
[Duration] yrs. mos. 2 ds.

Contributory [SECONDARY] Colitis
Signed Chas E. Reeves M. D.
April 7th, 1923, Address Fairboro 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 John Mc. Clark Burial DATE OF BURIAL Apr. 2, 1923

20 UNDERTAKER W. H. West acting Haydenburg Tenn. ADDRESS