

MARGIN RESERVED FOR BINDING 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. 12  
 OR  
 Village Cherry  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

402

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412  
 Primary Registration District No. 12

File No. 10  
 Registered No. 10

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

2 FULL NAME

Still Barn Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) infant  
 6 DATE OF BIRTH June 22 1923  
 (Month) (Day) (Year)  
 7 AGE Still Born If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 yrs. mos. ds.

8 OCCUPATION

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) Character of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE

(State or country) Jackson Co Tenn

PARENTS

10 NAME OF FATHER

Bob Johnson

11 BIRTHPLACE OF FATHER (State or country)

Jackson Co Tenn

12 MAIDEN NAME OF MOTHER

Betty Jackson

13 BIRTHPLACE OF MOTHER (State or country)

Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Angeline Young  
Bloomington Springs Tenn R#1  
 (Address)

15

Filed July 15 1923 Jno B. Billingsley  
Jackson Co Tenn R#2 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22 1923  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Still Born to \_\_\_\_\_, 192\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 192\_\_\_\_, and that death occurred, on the date stated above, at 9 P M  
 The CAUSE OF DEATH\* was as follows:

Premature Birth

Contributory (SECONDARY)

Signed J Mac Wheeler M. D.  
July 4 1923 Address Baxter 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 Dyer Cemetery DATE OF BURIAL June 22 1923

20 UNDERTAKER W R Johnson ADDRESS Jackson Co R#3