

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

415

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. # 4OR  
VillageOR  
CityRegistration District No. 44404

Primary Registration District No.

File No.

Registered No. 12

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

2 FULL NAME Stell Born

## 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 July 2, 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, industry, business, or establishment in which employed (or employer).

9 BIRTHPLACE  
(State or country)10 NAME OF FATHER Hugh Bedford Newcomer11 BIRTHPLACE OF FATHER Ky  
(State or country)12 MAIDEN NAME OF MOTHER Ana Mae Smith13 BIRTHPLACE OF MOTHER Tenn  
(State or country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. B. Quarles[Address] Whitleyville15 Filed Oct 19, 1923 Pet Clark  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 2, 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 2, 1923 to \_\_\_\_\_, 192\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 192\_\_\_\_.

and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows:

Still Birth

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
[SECONDARY]

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed J. B. Quarles, M. D.Oct 19, 1923 Address Whitleyville

\* 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 Kersh Grove DATE OF BURIAL July 3, 192320 UNDERTAKER Frank E. C. Whitleyville  
ADDRESS \_\_\_\_\_

Y. 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.