

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. First
 OR
 Village Gainesboro
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

422

CERTIFICATE OF DEATH

Registration District No. 441
 Primary Registration District No. 24401

File No. 15

Registered No. _____

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

2 FULL NAME Louise Young

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 13 1923
 (Month) (Day) (Year)

7 AGE 4 If LESS than 1 day, 4 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) Gainesboro Tenn

10 NAME OF FATHER Lincoln Young

11 BIRTHPLACE OF FATHER [State or country] Gainesboro Tenn

12 MAIDEN NAME OF MOTHER Minnie Young

13 BIRTHPLACE OF MOTHER [State or country] 1st Dist Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] _____
 [Address] _____

15 Filed Aug 20 1923 Mrs. M. H. Little
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 17 1923
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____,
 that I last saw h. alive on _____, 192____,
 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
205a
Acute Stomach
other medical group

[Duration] yrs. mos. ds.
 Contributory [SECONDARY] _____
 [Duration] yrs. mos. ds.

Signed Mrs. L. D. Young
 _____, 192____ Address Gainesboro

* 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 Phariscentury DATE OF BURIAL Aug 18 1923

20 UNDERTAKER Phariscentury ADDRESS Gainesboro