

## STATE OF TENNESSEE 432

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. 12OR  
Village MayfieldOR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 44412Primary Registration District No. 12File No. 14Registered No. 14

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

2 FULL NAME Still Born bar

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant6 DATE OF BIRTH Sept 28 1923  
(Month) (Day) (Year)7 AGE Still Born If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. mos. ds.8 OCCUPATION None  
(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) Jackson Co Tenn10 NAME OF FATHER Louise bar11 BIRTHPLACE OF FATHER (State or country) Putnam Co Tenn12 MAIDEN NAME OF MOTHER Mary Platt13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

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

[Informant] M A Young  
Bloomington Springs Tenn R1  
[Address]15 Filed Oct 6, 1923 Jno B Billingsley  
Gauleboro Tenn R#3  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 28 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 192\_\_\_\_ to \_\_\_\_\_ 192\_\_\_\_  
that I last saw him alive on Still Born Sept 28, 1923  
and that death occurred, on the date stated above, at 4 P M

The CAUSE OF DEATH\* was as follows:

Penature Birth  
Still Born

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

Contributory  
[SECONDARY]

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

Signed Jenky Rark Midwife M. D.  
Oct 6 1923 Address Bloomington Springs 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. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted, if not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Platt cemetery DATE OF BURIAL Sept 29, 192320 UNDERTAKER W H Platt ADDRESS Bloomington Springs R#1

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.