

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

STATE OF TENNESSEE

463

County Jackson

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Civil Dist. 6

Registration District No. _____

File No. _____

Village _____

Primary Registration District No. 442

Registered No. 10

City _____

(No. _____, _____ St.; _____ Ward)

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

2 FULL NAME Stillborn Masters

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH _____, 1923
(Month) (Day) (Year)

6 DATE OF BIRTH Dec, 2, 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191, to _____, 191,

7 AGE 0 yrs. 0 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

that I last saw h_____ alive on _____, 191, and that death occurred, on the date stated above, at _____ m.

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

The CAUSE OF DEATH* was as follows: 2054

9 BIRTHPLACE (State or country) _____

(Duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER Dave Masters

Contributory (SECONDARY) _____

11 BIRTHPLACE OF FATHER (State or country) Gainesboro

(Duration) _____ yrs. _____ mos. _____ ds.

12 MAIDEN NAME OF MOTHER Julia Cox

(Signed) Marty Lee, M.D. wife

13 BIRTHPLACE OF MOTHER (State or country) Gainesboro

_____, 191 (Address) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

(Informant) J. L. Lee

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(Address) Gainesboro

Where was disease contracted, if not at place of death? _____ Former or usual residence _____

15

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

Filed Dec 3, 1923 A. J. Abner REGISTRAR

20 UNDERTAKER J. L. Lee ADDRESS Gainesboro