

## STATE OF TENNESSEE

367

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. 2Registered No. 2[If death occurred in a  
hospital or institution,  
give its NAME instead of  
street and number.]2 FULL NAME Still Barn Robinson

## 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 January 28, 1924  
(Month) (Day) (Year)7 AGE Still Barn If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
yrs. mos. ds.8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Name  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER J H Robinson11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Lovey J McBroon13 BIRTHPLACE OF MOTHER (State or country) Putnam Co Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] M. A. Young  
Bloomington Springs Tenn R#1  
[Address]15 Filed Feb 5, 1924. Jno B. Billingsley  
Santhara Tenn R#3 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 28, 1924  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Still Barn, 1924, to \_\_\_\_\_, 1924, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 1924, and that death occurred, on the date stated above, at 4 A M.  
The CAUSE OF DEATH\* was as follows:Still Barn  
Premature Birth  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory [SECONDARY] \_\_\_\_\_  
[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Signed J. Mae Wheeler, M. D.  
Feb 5, 1924. 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. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_19 PLACE OF BURIAL OR REMOVAL Pippin Cemetery DATE OF BURIAL Jan 9, 192420 UNDERTAKER W. C. Pippin ADDRESS Mayfield Tenn

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING.

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.