

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

388

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 11

OR

Village _____

OR

City _____

Registration District No. 44911

File No. _____

Primary Registration District No. 11Registered No. 2

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

2 FULL NAME Stillborn

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)6 DATE OF BIRTH 2 6 1924
(Month) (Day) (Year)7 AGE _____
If LESS than 1 day, _____ hrs. or _____ min. _____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) Tenn.10 NAME OF FATHER Bill G. Meadows11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Cara Hoile13 BIRTHPLACE OF MOTHER (State or country) Tenn.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Bill Meadows[Address] Granville Rd.15 Filed 3/10 1924 L. R. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 6 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____ 192 to _____ 192
that I last saw him alive on _____ 192
and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH* was as follows: 2854Contributory (SECONDARY) _____
(Duration) yrs. mos. da.Signed L. P. Anderson M. D.
2/7 1924 Address Gainesboro

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE 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. da. In the State _____ yrs. mos. da.
Where was disease contracted, if not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Truway Cem. DATE OF BURIAL 2/7 192420 UNDERTAKER J. J. Truway ADDRESS GranvilleDO NOT TEAR OUT
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.