

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.

1 PLACE OF DEATH

County Jackson  
 Civil Dist. 12  
 OR  
 Village Mayfield  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

389

CERTIFICATE OF DEATH

Registration District No. 444 12  
 Primary Registration District No. 12

File No. 57

Registered No. 5

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

2 FULL NAME Still Born Jackson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 15, 1924  
 (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 Jackson & Tenn  
 (State or country)

10 NAME OF FATHER Jeddie Jackson

11 BIRTHPLACE OF FATHER Jackson co Tenn  
 [State or country]

12 MAIDEN NAME OF MOTHER Puey Grogan

13 BIRTHPLACE OF MOTHER Putnam co Tenn  
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Eler Meadows  
Bloomington Springs Tenn R 1  
 [Address]

15 Filed Feb 29, 1924 Jas B Billingsley  
 REGISTRAR  
Jackson Tenn R 43

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 15, 1924  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from at the birth Feb 15, 1924,  
 that I last saw Feb 15 Still Born, 1924,  
 and that death occurred, on the date stated above, at 3 PM  
 The CAUSE OF DEATH\* was as follows:

Prenature Birth

[Duration] yrs. mos. ds.

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

Signed J. Mae Wheeler M. D.  
Feb 29, 1924 Address Batter 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. 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 Jackson Cemetery DATE OF BURIAL Feb 16, 1924

20 UNDERTAKER Ed and Jackson Mayfield Tenn ADDRESS \_\_\_\_\_