

STATE OF TENNESSEE

391

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 11OR
Village _____OR
City _____ (No. _____, St.; _____ Ward)Registration District No. 444 1/1Primary Registration District No. 11

File No. _____

Registered No. 5

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

2 FULL NAME _____

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 29 1924
(Month) (Day) (Year)7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. ds.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 Omer Childers11 BIRTHPLACE OF FATHER [State or country] Tenn.12 MAIDEN NAME OF MOTHER Rogland13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Omer Childers[Address] Granville R. 1/115 Filed 3/10 1924 L. P. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 29 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 _____ M. The CAUSE OF DEATH* was as follows:
Stillborn
[Duration] _____ yrs. _____ mos. _____ ds.Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.Signed L. P. Anderson M. D.3/1 1924 Address Gainesboro

* 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 DATE OF BURIAL

Haile Cem. 3/1 1924

20 UNDERTAKER ADDRESS

James Rogland Gainesboro

DO 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.