

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. 1st
OR
Village Chamberlain
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

894

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 441
Primary Registration District No. 24401

File No. 2

Registered No. _____

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

2 FULL NAME William G. Gailbreath

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 Apr 10 1922
(Month) (Day) (Year)

7 AGE 1 yrs. 11 mos. 12 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Infant
(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) Chattanooga Tenn

10 NAME OF FATHER George G. Gailbreath

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Mary Gailbreath

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs M. H. Gailbreath
[Address] Garnesboro Tenn

15 Filed Apr 22 1924 Mrs. M. H. Gailbreath REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 22 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Mar 10 1924 to Mar 22 1924, that I last saw him alive on Mar 22 1924, and that death occurred, on the date stated above, at 8:45 P. M.

THE CAUSE OF DEATH* was as follows:
Myocarditis, Acute

[Duration] yrs. _____ mos. _____ ds.
Contributory Acute Otitis
[SECONDARY] [Duration] yrs. _____ mos. _____ ds.

Signed V. L. Gays M. D.
Mar 22 1924 Address Chamberlain

* 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 _____

20 UNDERTAKER Gailbreath and Gailbreath ADDRESS Chamberlain