

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 410

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44412 File No. 9
 Primary Registration District No. 12 Registered No. 9

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

2 FULL NAME Claves Riley Wilson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
 6 DATE OF BIRTH Nov 4 1923
 (Month) (Day) (Year)

7 AGE 5 mos. 20 da. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION Nurse
 (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) Jackson Co Tenn

10 NAME OF FATHER Jno Gare Wilson

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Clarrie Davis

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J A Davis
 [Address] Mayfield Tenn

15 Filed April 25 1924 Jno B Billingsley
Chancellor Tenn R 3 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 24 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 22 1924 to April 24 1924 that I last saw him alive on April 24 1924 and that death occurred, on the date stated above, at PM The CAUSE OF DEATH* was as follows:

Pneumonia 1016

Contributory [SECONDARY] _____
 [Duration] yrs. mos. da.

Signed W M McGein M. D.
April 25 1924 Chancellor Tenn R 3 Address

* 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. 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 Hot Cemetery DATE OF BURIAL April 25 1924

20 UNDERTAKER Will Harris ADDRESS Mayfield Tenn