

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.

STATE OF TENNESSEE 412
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jordan
Civil Dist. 11
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

Registration District No. 444 11 File No. _____
Primary Registration District No. 11 Registered No. 6

2 FULL NAME Stillborn

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 4 2 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 Tenn.
(State or country)

PARENTS

10 NAME OF FATHER Harris Norton
11 BIRTHPLACE OF FATHER Tenn.
[State or country]

12 MAIDEN NAME OF MOTHER Jessie Brown
13 BIRTHPLACE OF MOTHER Tenn.
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Harris Brown
[Address] Gainsboro R.F.

15 Filed 5/10 1924 L. P. Hudson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4 2 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 1924 to _____ 1924
that I last saw h. _____ alive on _____ 1924
and that death occurred, on the date stated above, at _____
The CAUSE OF DEATH* was as follows: 2008

Contributory _____
[Secondary] [Duration] yrs. mos. ds.

Signed L. P. Hudson M. D.
4/5 1924 Address Gainsboro

*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 Norton Cem. DATE OF BURIAL 4/3 1924
20-UNDERTAKER W. W. Norton ADDRESS Gainsboro