

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson

Civil Dist. 9

Village Doak

City Doakville (No. 8)

Registration District No. 46409

Primary Registration District No. _____

File No. 7

Registered No. 7

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

2 FULL NAME Harrell Maherry

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 June 20 1924
(Month) (Day) (Year)

7 AGE Stillborn 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 Howard Maherry

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Ella Chaffin

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Howard Maherry

[Address] Doakville

15 Filed June 30, 1924 Albert Ballantyne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 20 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20 1924, to June 24, 1924
(that I last saw stillborn alive on _____, 1924)

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:
Strangulation by cord 2 or 3 weeks before birth

[Duration] _____ yrs. _____ mos.

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

Signed J. D. Moore M.
June 20, 1924 Address Algood

* State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos.
Where was disease contracted, if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Godwin Branch DATE OF BURIAL June 21, 1924

20 UNDERTAKER none ADDRESS _____

MARGIN RESERVED FOR BINDING
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.