

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.

1 PLACE OF DEATH

STATE OF TENNESSEE 434

County Putnam Jackson

STATE BOARD OF HEALTH
Bureau of Vital Statistics

Civil Dist. 10 5

CERTIFICATE OF DEATH

Village Seasville

Registration District No. 44405

File No. _____

City _____

Primary Registration/District No. 5

Registered No. 1

(No. _____, St.; _____ Ward)

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

2 FULL NAME Will Ada Stanton

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE Black 5 SINGLY Widowed
(Write the word)

16 DATE OF DEATH July 26 1924
[Month] [Day] [Year]

6 DATE OF BIRTH June 2nd 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 26 1924 to July 26 1924 that I last saw him alive on July 26 1924 and that death occurred, on the date stated above, at 10 PM

7 AGE 1 yrs. about 2 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Pneumonia
[Duration] yrs. mos. ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work X
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Near Gravelle

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

10 NAME OF FATHER Vance Stanton

Signed L. M. Ferguson M.D.

11 BIRTHPLACE OF FATHER [State or country] Gravelle

Address Gravelle Tenn

12 MAIDEN NAME OF MOTHER Edna Brooks

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

13 BIRTHPLACE OF MOTHER [State or country] Gravelle

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Huston Brooks

Where was disease contracted, if not at place of death?
Former or usual residence _____

[Address] Gravelle

19 PLACE OF BURIAL OR REMOVAL Near Gravelle DATE OF BURIAL July 27

15 Filed Nov 4, 1924, H.S. Hollemann REGISTRAR

20 UNDERTAKER Tom M Watts ADDRESS Gravelle