

WRITE PLAINLY. INK UNFADING INK—THIS IS A PERMANENT RECORD. 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. First  
 OR  
 Village Lumberton  
 OR  
 City (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

Registration District No. 441  
 Primary Registration District No. 4401

File No. 17  
 Registered No. \_\_\_\_\_

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

2 FULL NAME Henry Harrison Haney Jr.

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 May 15 1922  
(Month) (Day) (Year)

7 AGE 2 4 9  
yrs. mos. ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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) Jackson Co Tenn

10 NAME OF FATHER Harrison Haney

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

12 MAIDEN NAME OF MOTHER Ida Bell Meadows

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Ida C. Hatman  
 [Address] Lumberton, Tenn

15 Filed Sept 25 1924 Mr. H. Little  
 REGISTRAR

STATE OF TENNESSEE

455

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 24 1924  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 192\_\_\_\_, to \_\_\_\_\_, 192\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 192\_\_\_\_, and that death occurred, on the date stated above, at 9 PM  
 The CAUSE OF DEATH\* was as follows:

Burned all over to death, just at night, 24 hours after burn.  
[Duration] yrs. mos. ds.

Contributory Child occasionally  
[SECONDARY] had [Duration] 24 hours  
 Signed from open fire M. D.

\* 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 Phenix Cemetery DATE OF BURIAL Sept 25 1924

20 UNDERTAKER W. W. ... ADDRESS Lumberton