

WRITE PLAINLY. WHEN 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 Union
 or City _____ (No. _____ St. _____ Ward _____)

STATE OF TENNESSEE

480

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. 16

Registered No. 16

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

2 FULL NAME Still Born Medlin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
(Write the word)

6 DATE OF BIRTH Sept 16 1924
(Month) (Day) (Year)

7 AGE Still Born If LESS than 1 day, ____ hrs. or ____ min.?
Yrs. Mos. Ds.

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

9 BIRTHPLACE Jackson Co Tenn
(State or country)

10 NAME OF FATHER Wade Medlin

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

12 MAIDEN NAME OF MOTHER Ellie Pippin

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. A. Young
Bloomington Springs Tenn R.
(Address)

15 Filed Oct 4 1924 by J. B. Billingsly
Jackson Co Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 16 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 16 1924 to Still Born 1924, that I last saw him alive on 1924 and that death occurred, on the date stated above, at 2 P M

The CAUSE OF DEATH* was as follows:
Lack of a Physician
sooner than it should have been

Contributory (SECONDARY) _____

Signed N. M. McKeon M. D.
Oct 4 1924 Gainesboro Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE, state (1) MANNER 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 Jackson Co Tenn DATE OF BURIAL Sept 17 1924

20 UNDERTAKER Martha Pippin ADDRESS Gainesboro Tenn