

STATE OF TENNESSEE

470

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 13OR
Village _____OR
City _____ (No. _____ St.; _____ Ward)Registration District No. 44413Primary Registration District No. 13File No. 99Registered No. 99

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

2 FULL NAME Wm Howard Lancaster

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH Oct. 30 1892
(Month) (Day) (Year)7 AGE _____ If LESS than 1 day/15 hrs. 43 3/4 min.?
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) X9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Thomas L Lancaster11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Sally Florence Pharris13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mrs Sally Lancaster[Address] Whitneyville15 Filed Nov 2 1934 J. D. Dunlop REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct - 31 - 1934
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191 _____ 191

that I last saw him alive on _____ 191

and that death occurred, on the date stated above, at 8 a.m.The CAUSE OF DEATH* was as follows: 161aPremature Birth

[Duration] yrs. mos. ds.

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

Signed J. D. DunlopNov 2 1934 Whitneyville

* State the DISEASE CAUSING DEATH, or, in death 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. ds.

Where was disease contracted, if not at place of death?

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL No. 2 City DATE OF BURIAL Nov 120 UNDERTAKER None ADDRESS None

MARGIN RESERVED FOR BINDING WITH UNFADING INK - THIS IS A PERMANENT RECORD

WRITE PLAINLY. 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.

N. B.