

STATE OF TENNESSEE

472

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. FirstOR
Village GambeltonOR
City _____ (No. _____ St.; _____ Ward)Registration District No. 441File No. 20Primary Registration District No. 44401

Registered No. _____

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

2 FULL NAME

Willie Brown baby Alaffard

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 Oct 31 1924
(Month) (Day) (Year)

7 AGE _____ 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 Jackson Co Tenn
(State or country)10 NAME OF FATHER Luke Alaffard11 BIRTHPLACE OF FATHER Jackson Co Tenn
(State or country)12 MAIDEN NAME OF MOTHER Lizza Patterson13 BIRTHPLACE OF MOTHER Jackson Co Tenn
(State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15

Filed Nov 5, 1924 Miss W. W. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 31 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 192 . to _____ 192 .

that I last saw h. alive on _____ 192 .

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

The CAUSE OF DEATH* was as follows: 2031Contributory [SECONDARY] _____
[Duration] yrs. mos. ds.

Signed _____ M. D.

_____ Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SELF-KILL, 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?

Foster or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Funeral Home _____ 1924

20 UNDERTAKER

ADDRESS _____

REGISTER

ALTERNATELY ANSWERED BY FULL AND UNFADING INK—THIS IS A PERMANENT RECORD

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.