

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

County Jackson  
 Civil Dist. 12  
 OR  
 Village Leenny  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412  
 Primary Registration District No. 12

File No. 3  
 Registered No. 8

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

2 FULL NAME Earl Felatt

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 Feb 8 1927  
 (Month) (Day) (Year)

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

8 OCCUPATION None  
 (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 Geo. L. Felatt

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

12 MAIDEN NAME OF MOTHER Mary H. Billingsley

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] H. P. Felatt  
 [Address] Gainesboro R # 3

15 Filed: Feb 15 1927 Jno B Billingsley  
Gainesboro R # 3  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 10 1927  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from at Birth 1927 to 1927  
 that I last saw him alive on Feb 11 1927  
 and that death occurred, on the date stated above, at 1 P M  
 The CAUSE OF DEATH\* was as follows:

Heart trouble the cause of death  
 [Duration] yrs. mos. 2 ds.

Contributory [SECONDARY] \_\_\_\_\_  
 Signed L. B. Anderson M. D.  
Feb 15 1927 Gainesboro R # 3  
 Address

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

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 Felatt Cemetery DATE OF BURIAL Feb 16 1927

20 UNDERTAKER Tom Rush Gainesboro R # 3 ADDRESS \_\_\_\_\_