

MARGIN RESERVED FOR BINDING

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			STATE OF TENNESSEE		
County <u>Jackson</u>			STATE BOARD OF HEALTH		
Civil Dist. <u>No. 2</u>			Bureau of Vital Statistics		
OR Village <u>Haydenburg</u>			CERTIFICATE OF DEATH <u>5510</u>		
OR City <u>Sub. R2</u>			Registration District No. <u>44402</u>	File No. <u>11</u>	
(No. _____, St.: _____ Ward)			Primary Registration District No. <u>2</u>	Registered No. <u>11</u>	
2 FULL NAME <u>Dorothy May Denton</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Infant</u> (Write the word)	16 DATE OF DEATH <u>Mar 5 1927</u> [Month] [Day] [Year]		
6 DATE OF BIRTH <u>5 5 1924</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 1 1927</u> to <u>Mar 5 1927</u> , that I last saw her alive on <u>Mar 5 1927</u> and that death occurred, on the date stated above, at <u>11 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Acute Bronchitis and Influenza</u>		
7 AGE <u>2 yrs. 10 mos. ds.</u>			[Duration] _____ yrs. _____ mos. <u>18</u> ds.		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.		
9 BIRTHPLACE (State or country) <u>Jackson Co Tenn</u>			Signed <u>R. G. Law</u> M. D. <u>3/7</u> 19 <u>27</u> Address <u>Haydenburg</u>		
PARENTS	10 NAME OF FATHER <u>Rockford Denton</u>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	11 BIRTHPLACE OF FATHER [State or country] <u>Jackson Co</u>		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 _____		
	12 MAIDEN NAME OF MOTHER <u>Nannie Long</u>		19 PLACE OF BURIAL OR REMOVAL <u>Jones Cemetery</u> DATE OF BURIAL <u>Mar 6 1927</u>		
13 BIRTHPLACE OF MOTHER [State or country] <u>Jackson Co Tenn</u>		20 UNDERTAKER <u>Fleming Mathews, Haydenburg</u> ADDRESS <u>R#2, 7th</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
[Informant] _____					
[Address] _____					
15 Filed <u>Mar 7 1927</u> <u>Alonzo McCalvey</u> REGISTRAR					