

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 15</u>		Bureau of Vital Statistics	
OR		7959	
Village		CERTIFICATE OF DEATH	
OR		Registration District No. <u>44408</u>	
City		File No. <u>5</u>	
2 FULL NAME <u>Elie Dodson</u>		Registered No.	
		[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>Wh</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Infant</u>	16 DATE OF DEATH <u>Apr 16</u> 192 <u>7</u>
6 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased from <u>Apr 9</u> 192 <u>7</u> to <u>Apr 16</u> 192 <u>7</u> that I last saw her alive on <u>Apr 16</u> 192 <u>7</u> and that death occurred, on the date stated above, at <u>6 a.m.</u>	
7 AGE <u>3</u> yrs. <u>3</u> mos. <u>3</u> ds.		The CAUSE OF DEATH was as follows: <u>Whooping Cough Complicated by Pleurisy</u>	
8 OCCUPATION		[Duration] yrs. <u>4</u> mos. ds.	
9 BIRTHPLACE <u>Tenn</u>		Contributory [SECONDARY]	
10 NAME OF FATHER <u>Wesley Dodson</u>		[Duration] yrs. mos. ds.	
11 BIRTHPLACE OF FATHER <u>Tenn</u>		Signed <u>X.C. Gaud</u> M. D.	
12 MAIDEN NAME OF MOTHER <u>Joy Gaud</u>		<u>Apr 16</u> 192 <u>7</u> Address <u>Spencer, Tenn</u>	
13 BIRTHPLACE OF MOTHER <u>Tenn</u>		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.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]	
[Informant]		At place of death yrs. mos. ds. In the State yrs. mos. ds.	
[Address]		Where was disease contracted, if not at place of death?	
15		Former or usual residence.	
Filed <u>Apr 16</u> 192 <u>7</u> <u>Mrs. F. M. Caser</u> REGISTRAR		19 PLACE OF BURIAL OR REMOVAL <u>Gair Cemetery</u> DATE OF BURIAL <u>Apr 17</u> 192 <u>7</u>	
		20 UNDERTAKER <u>Dim Loper</u> ADDRESS <u>Gair Cemetery</u>	