

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 Co
 Civil Dist. 14th
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

7960

Registration District No. 444

File No. _____

Primary Registration District No. 14

Registered No. _____

2 FULL NAME Clyton Kerr

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH Aug 8 1910
 (Month) (Day) (Year)

7 AGE 16 yrs 8 mos 2 ds If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work. No
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Clay County

10 NAME OF FATHER Stade Kerr

11 BIRTHPLACE OF FATHER [State or country] Ky

12 MAIDEN NAME OF MOTHER Ellie Dale

13 BIRTHPLACE OF MOTHER [State or country] Clay County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] O. L. Bonds
 [Address] Duffield

15 Filed 4-10-1927 Benny Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 9 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 31 1927 to Apr 9 1927, that I last saw him live on Apr 9 1927 and that death occurred, on the date stated above, at 3:10 a.m.

The CAUSE OF DEATH* was as follows:
Influenza & Broncho Pneumonia etc.

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

Signed Chas. R. Steiner M. D.
Apr 10 1927 Address 121 Federal

*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 Clayton DATE OF BURIAL 4-11-1927

20 UNDERTAKER St. M. Purcell ADDRESS _____