

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>12</u>			Bureau of Vital Statistics		
OR Village <u>Bloomington</u>			CERTIFICATE OF DEATH		
OR City <u>Rt 1</u>			Registration District No. <u>44412</u>	File No. <u>6</u>	
(No. <u>1</u>)			Primary Registration District No. <u>12</u>	Registered No. <u>6</u>	
2 FULL NAME <u>Stell Bon Johnson</u>			St. _____	Ward _____	
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Infant</u> (Write the word)			
6 DATE OF BIRTH <u>April 24 1927</u> (Month) (Day) (Year)					
7 AGE <u>2 1/2</u> yrs. mos. ds.			If LESS than 1 day, 4 hrs. or min.?		
8 OCCUPATION <u>Name</u>					
9 BIRTHPLACE <u>Jackson Co Tenn</u> (State or country)					
PARENTS					
10 NAME OF FATHER <u>Bob Johnson</u>					
11 BIRTHPLACE OF FATHER <u>Jackson Co Tenn</u> (State or country)					
12 MAIDEN NAME OF MOTHER <u>Bettie A Jackson</u>					
13 BIRTHPLACE OF MOTHER <u>Jackson Co Tenn</u> (State or country)					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
[Informant] <u>M A Young</u> <u>Bloomington Tenn Rt 1</u> [Address]					
15 Filed <u>4 28 1927</u> <u>J. B. Billingsley</u> <u>James H. R. 3</u> REGISTRAR					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH <u>April 24 1927</u> (Month) (Day) (Year)					
17 I HEREBY CERTIFY, That I attended deceased from 192 . to 192 .					
that I last saw him alive on 192 .					
and that death occurred, on the date stated above, at <u>5 P M</u>					
The CAUSE OF DEATH* was as follows: <u>Not full term</u>					
[Duration] yrs. mos. ds.					
Contributory [SECONDARY]					
Signed <u>Henry R. Ash, M.D. wife</u> <u>4 28 1927</u> <u>Bloomington Rt 1</u> 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 <u>Flatt Cemetery</u>			DATE OF BURIAL <u>4 25 1927</u>		
20 UNDERTAKER <u>W. S. Jackson Bloomington Rt 1</u>			ADDRESS		