

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. No. 1
 OR
 Village _____
 OR
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

24526

Registration District No. 441

File No. 19

Primary Registration District No. 44401

Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Robert Stafford Jr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Wh 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
 (Write the word)

6 DATE OF BIRTH Oct 19 1927
 (Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Infant
 (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) Tenn.

10 NAME OF FATHER Robert Stafford

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Ballie Hamblet

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____
 [Address] _____

15 Filed Apr 1 1927 Wm. H. H. Little
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 23 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 22 1927 to Oct 23 1927, that I last saw him alive on Oct 23 1927 and that death occurred, on the date stated above, at 10 P. M.

The CAUSE OF DEATH* was as follows:
Asphyxia Neonatorum
162
 [Duration] yrs. mos. 2 ds.

Contributory [SECONDARY] _____
 [Duration] yrs. mos. ds. _____
 Signed R. C. Dyer M. D.
1927 Address Cincinnati

* 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 Not known DATE OF BURIAL Oct 29 1927

20 UNDERTAKER _____ ADDRESS _____