

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.

Walter Clemens

STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH **24533**

1 PLACE OF DEATH
County Jackson
Civil Dist. 5th
OR
Village Granville
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. _____
Primary Registration District No. _____
File No. _____
Registered No. _____

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

2 FULL NAME Walter Hail Clemens

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, <input checked="" type="checkbox"/> MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH <u>Aug</u> <u>14</u> , 192 <u>7</u> [Month] [Day] [Year]	17 I HEREBY CERTIFY, That I attended deceased from <u>Aug 9</u> , 192 <u>7</u> , to <u>Aug 14</u> , 192 <u>7</u> , that I last saw him alive on <u>Aug 14</u> , 192 <u>7</u> , and that death occurred, on the date stated above, at <u>2 P M</u> The CAUSE OF DEATH* was as follows: <u>Malnutrition had suffered from birth</u> <u>205 a</u>
6 DATE OF BIRTH _____, _____, _____ (Month) (Day) (Year)	7 AGE <u>1</u> yrs. <u>3</u> mos. <u>22</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?	8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).	[Duration] _____ yrs. _____ mos. _____ ds.	Contributory [SECONDARY] [Duration] _____ yrs. _____ mos. _____ ds.
9 BIRTHPLACE (State or country) <u>Jackson</u>	10 NAME OF FATHER <u>Walter Clemens</u>	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson</u>	Signed <u>L. M. Furman</u> M. D. 192____ Address <u>Granville 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.
PARENTS	12 MAIDEN NAME OF MOTHER <u>Flores Ramey</u>	13 BIRTHPLACE OF MOTHER (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 _____	19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____ 192____
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>T. M. Watts</u> [Address] <u>Granville Tenn</u>	15 Filed <u>Dec 13, 1927</u> <u>H. S. Holliman</u> REGISTRAR	20 UNDERTAKER _____ ADDRESS _____		