

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. 12
OR
Village Mayfield
OR
City _____

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

1852

CERTIFICATE OF DEATH

Registration District No. 44412

File No. 1

Primary Registration District No. 12

Registered No. 1

(No. _____ St.; _____ Ward)

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

2 FULL NAME Christene Elatt

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 23, 1928
(Month) (Day) (Year)

7 AGE 5 yrs. 20 mos. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION None
(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) Jackson Co Tenn

10 NAME OF FATHER Alex Elatt

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Addie Bean

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] L A Davis
[Address] Mayfield

15 Filed Jan 22, 1929 John B Billingsley
Paul Baker R B REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 13, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 192, to _____ 192, that I last saw h. _____ alive on _____ 192, and that death occurred, on the date stated above, at 5 A M

The CAUSE OF DEATH* was as follows:
Spinal Meningitis
No Physician in charge

205 [Duration] _____ yrs. _____ mos. _____ ds.
Contributory _____ [SECONDARY] 2 Hours
[Duration] _____ yrs. _____ mos. _____ ds.

Signed M A Davis Midwife D.
Jan 22, 1929 Address Mayfield

* 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 Myrtle Cemetery DATE OF BURIAL Jan 13, 1929

20 UNDERTAKER Elatt ADDRESS Mayfield Tenn