

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 Dis. 3  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.: \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

5292

File No. \_\_\_\_\_  
 Reg. No. \_\_\_\_\_

2 FULL NAME

Charley Leon Pate

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 Single, <input checked="" type="checkbox"/> Married, <input type="checkbox"/> Widowed, <input type="checkbox"/> or divorced, <input type="checkbox"/> (Write the word)
6 DATE OF BIRTH <u>2</u> / <u>11</u> / <u>1929</u> (Month) (Day) (Year)		
7 AGE _____ yrs. _____ mos. <u>12</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade profession or particular kind of work <u>Baby</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Ill</u>		
PARENTS	NAME OF FATHER <u>John Henry Pate</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ill</u>	
	12 MAIDEN NAME OF MOTHER <u>Flora Paterfield</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Ill</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
2 / 24 / 1929  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ M

The CAUSE OF DEATH\* was as follows: 2056  
Mother found Baby Dead  
in Bed  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory \_\_\_\_\_ (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed \_\_\_\_\_, M. D.  
 \_\_\_\_\_ 19\_\_\_\_ 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 \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Flora Pate mother  
 (Address) Dyersburg Ill

15

Filed 2-24 1929 Benny Ray Registrar

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Pate cemetery 2-25 1929  
 20 UNDERTAKER Hamp Pate ADDRESS Dyersburg Ill