

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. no
 or
 Village _____
 or
 City Gainesboro Tenn

Registration District No. 4-4-1
 Primary Registration District No. 16 4401
 No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

22373

File No. 17
 Reg. No. _____

2 FULL NAME Mont Hammeel

(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>white</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>10 7 1929</u> (Month) (Day) (Year)		
7 AGE <u>1 yrs. 7 mos. 7 ds.</u>		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>Jackson County</u>		
PARENTS	10 NAME OF FATHER <u>Erwin Hammeel</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson Co. Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>May Scott</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson Co. Tenn</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
9 9 1929
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attend deceased from June 1929, to July 1929, that I last saw him alive on June 30, 1929 and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Summer Complaint
113

Contributory _____
 (Secondary) _____

Signed C. E. Kelms M. D.
Sept 28, 1929 address Gainesboro Tenn

*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 don't know DATE OF BURIAL _____
 20 UNDERTAKER don't know ADDRESS _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15

Filed Oct 9 1929 W. A. H. Little Registrar