

MAINTAINED FOR BINDING

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 Madison  
Civil Dist. 1st  
OR  
Village  
OR  
City Looksville (No. , St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 121  
Primary Registration District No. 77201

File No. 50

Registered No. 2  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED  SINGLE  
(Write the word)  
6 DATE OF BIRTH July 27 1917  
(Month) (Day) (Year)  
7 AGE Stillborn  
yrs. mos. 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).

9 BIRTHPLACE (State or country) Tennessee

PARENTS  
10 NAME OF FATHER Bob Jones  
11 BIRTHPLACE OF FATHER [State or country] Tennessee  
12 MAIDEN NAME OF MOTHER  
13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Ley Dyer  
[Address] Looksville

15 Filed 7/11 1917 Ley Dyer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 27 1917  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 that I last saw him alive on 191 and that death occurred, on the date stated above, at M

The CAUSE OF DEATH\* was as follows:  
Premature Labor  
[Duration] yrs. mos. ds.

Contributory [SECONDARY]  
[Duration] yrs. mos. ds.  
Signed Ley Dyer M. D.  
191 Address Looksville

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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 Looksville DATE OF BURIAL 7/11 1917  
20 UNDERTAKER ADDRESS