

MARGIN RESERVED 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			STATE OF TENNESSEE	
County <u>White</u>			STATE BOARD OF HEALTH	
Civil Dist. <u>13</u>			Bureau of Vital Statistics	
OR			19198	
Village <u>Clifty</u>			CERTIFICATE OF DEATH	
OR			Registration District No. <u>945</u>	File No. _____
City _____ (No. _____, St. _____, Ward _____)			Primary Registration District No. <u>13</u>	Registered No. <u>12</u>
2 FULL NAME <u>Infant of Henry & Georgia England</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>June 10 1927</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>June 10 1927</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>June 10 1927</u> to <u>June 10 1927</u> , that I last saw him alive on <u>June 10 1927</u> and that death occurred, on the date stated above, at <u>1:30</u> M	
7 AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day, <u>3</u> hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>Premature birth</u>	
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.	
9 BIRTHPLACE (State or country) <u>Tenn</u>			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>Henry England</u>		Signed <u>E. B. Clark</u> M. D.	
	11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>		191 _____ Address <u>Bon air</u>	
	12 MAIDEN NAME OF MOTHER <u>Georgia Johnson</u>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</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 _____	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
[Informant] <u>Samuel Johnson</u>				
[Address] <u>Clifty Tenn</u>				
15 Filed _____ Bl. _____			19 PLACE OF BURIAL OR REMOVAL <u>Clifty Tenn</u> DATE OF BURIAL <u>6-11-27</u>	
REGISTRAR <u>Mary L Cameron</u>			20 UNDERTAKER <u>H. B. Hunter</u> ADDRESS <u>Sparks</u>	