

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.

**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

263

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. # 12 Registration District No. 44412 File No. 9  
 or Village Mayfield Primary Registration District No. 12 Registered No. 9  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Still Barn — West

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH March 26, 1917  
(Month) (Day) (Year)

7 AGE \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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 Dillard West

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

12 MAIDEN NAME OF MOTHER Carrie Chestney

13 BIRTHPLACE OF MOTHER (State or country) Ill

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH March 26, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows: Still Barn

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

(Signed) W M McCoim, M. D.  
March 29, 1917 Lawrence Tenn R # 3  
(Address)

\*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 \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) W M McCoim MD  
Lawrence Tenn R # 3  
 (Address)

15 Filled March 29, 1917 W B Billingsley REGISTRAR  
Lawrence Tenn R # 3

19 PLACE OF BURIAL OR REMOVAL Flat's cemetery DATE OF BURIAL March 27, 1917

20 UNDERTAKER M Dyer Bloomington Spig R # 1 ADDRESS \_\_\_\_\_