

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

285

1 PLACE OF DEATH  
County Jackson  
Civil Dist. # 7 Registration District No. 44407 File No. 1  
or  
Village \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 1  
or  
City Bloomington Spgo Tms Dist #1 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Clyde R Kirby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
6 DATE OF BIRTH May 31, 1917  
7 AGE \_\_\_\_\_ 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) Jackson Co

PARENTS  
10 NAME OF FATHER Chas Kirby  
11 BIRTHPLACE OF FATHER (State or country) Granville  
12 MAIDEN NAME OF MOTHER Anna E. Fox  
13 BIRTHPLACE OF MOTHER (State or country) Calvary Tms

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. D. Fox  
(Address) Mayfield Tms

18 Filed 6-13, 1917 W. L. Stout REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 3, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 3, 1917, 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: Stillborn

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

(Signed) J. Mac Wheeler, M. D. May 3, 1917 (Address) Bloomington

\*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 Brown Chapel DATE OF BURIAL May 3, 1917

20 UNDERTAKER J. Kirby ADDRESS Bloomington