

WRITE PLAINLY. WITH UNFADING INK. THIS IS A TYPING FORM. 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 Dist. 12  
 or Village Union  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412  
 Primary Registration District No. 12

File No. 18  
 Registered No. 18

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Young

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>infant</u>
6 DATE OF BIRTH <u>Sept 9, 1917</u> (Month) (Day) (Year)		
7 AGE <u>3</u> 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) <u>Jackson co Tenn</u>		
PARENTS	10 NAME OF FATHER <u>A P Young</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson co Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>M A Parter</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson co Tenn</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 12, 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:  
Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J H Pippin  
Bloomington Springs Tenn R#1  
 (Address)

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

(Signed) M A Goolsby Midwife  
Oct 1, 1917 (Address) Bloomington Springs Tenn R#1

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

15 Filed Oct 1, 1917  
J B Billingsley  
Gaulthard's Tenn R#3  
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL <u>Young's Cemetery</u>	DATE OF BURIAL <u>Sept 12, 1917</u>
20 UNDERTAKER <u>U N Young Bloomington Springs</u>	ADDRESS <u>R#3</u>