

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

1 PLACE OF DEATH
County Joel
Civil Dist. 9th Registration District No. 14408 File No. 275
Village Gainesboro Primary Registration District No. 8 Registered No. 17
City Gainesboro (No. _____, St.; _____ Ward) [If death occurred in a hospital or institution, give its NAME, instead of street and number.]

2 FULL NAME Millard C. Dautland

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Apr. 22, 1917
(Month) (Day) (Year)

7 AGE 8 yrs. 7 mos. 7 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) Tenn

PARENTS
10 NAME OF FATHER O. B. Dautland
11 BIRTHPLACE OF FATHER (State or country) Tenn
12 MAIDEN NAME OF MOTHER Lora Smith
13 BIRTHPLACE OF MOTHER (State or country) Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 29, 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:
Cramp

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) No Doctor, M. D.
_____, 191____ (Address) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) O. B. Dautland
(Address) Gainesboro, Tenn

15 Filed 1/10, 1918
J. M. Dyer REGISTRAR

*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 Heaven Hill DATE OF BURIAL Dec 31, 1917
20 UNDERTAKER _____ ADDRESS _____