

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 Anderson  
 Civil Dist. 14<sup>th</sup> Registration District No. 14<sup>th</sup> File No. 107  
 or  
 Village \_\_\_\_\_ Primary Registration District No. 14<sup>th</sup> Registered No. 3  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

**2 FULL NAME** Minnie L. Starnwood  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** Female **4 COLOR OR RACE** White **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
(Write the word)

**6 DATE OF BIRTH** Born July 27, 1914  
(Month) (Day) (Year)

**7 AGE** 6 14 If LESS than 1 day, .... hrs. or .... min.?  
.....yrs. ....mos. ....ds.

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

**9 BIRTHPLACE** (State or country) Benton Co Tenn

**10 NAME OF FATHER** L. D. Starnwood

**11 BIRTHPLACE OF FATHER** (State or country) Benton Co Tenn

**12 MAIDEN NAME OF MOTHER** Lucina Ellis

**13 BIRTHPLACE OF MOTHER** (State or country) Benton Co Tenn

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** Feb 9, 1916  
(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: 2056  
The cause is unknown  
wake up in night and found the child dead in bed  
did not see any contributory thing  
aided the child when he was released  
 (Signed) L. D. Starnwood, Informant  
Feb 7, 1916 (Address) Halloway Tenn

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 (Informant) L. D. Starnwood  
 (Address) R. D. Starnwood, Halloway Tenn

**15** Filed 7 Feb, 1916 L. J. Swartz

**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** Cemetery, Halloway **DATE OF BURIAL** Feb 10, 1916

**20 UNDERTAKER** Member Starnwood **ADDRESS** R. D. Starnwood, Halloway Tenn