

See instructions on back of certificate. Each statement of OCCUPATION is very

1 PLACE OF DEATH			STATE OF TENNESSEE		
County <u>Polk</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics CERTIFICATE OF DEATH		
Vital Dist. <u>1</u>		Registration District No. _____		File No. <u>319</u>	
or Village _____		Primary Registration District No. _____		Registered No. <u>1</u>	
or City _____ (No. _____)		St. _____		Ward _____	
2 FULL NAME <u>Albion Clayton</u> (If death occurred in a hospital or institution, give its NAME in full, street and number, if any.)					
PERSONAL AND STATISTICAL PARTICULARS					
3 SEX <u>Male</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>			
6 DATE OF BIRTH <u>Jan. 9, 1894</u> (Month) (Day) (Year)					
7 AGE <u>34</u> yrs. <u>9</u> mos. <u>25</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?					
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer): _____					
9 BIRTHPLACE (State or country) <u>Polk Co. Tenn.</u>					
10 NAME OF FATHER <u>W. M. Clayton</u>					
11 BIRTHPLACE OF FATHER (State or country) <u>Polk Co. Tenn.</u>					
12 MAIDEN NAME OF MOTHER <u>Sarah Clark</u>					
13 BIRTHPLACE OF MOTHER (State or country) <u>Polk Co. Tenn.</u>					
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. M. Clayton</u> (Address) <u>Polk Co. Tenn.</u>					
15 Filled <u>1-5</u> 191 <u>8</u> by <u>W. W. Wilson</u>					
MEDICAL CERTIFICATE OF DEATH					
16 DATE OF DEATH <u>Oct. 4</u> (Month) (Day) (Year)					
17 I HEREBY CERTIFY, That I attended deceased from _____ 191 <u>8</u> , to _____ 191 <u>8</u> , that I last saw him alive on <u>10-4-1918</u> , and that death occurred, on the date stated above, at _____					
The CAUSE OF DEATH* was as follows: <u>197</u> (Duration) _____ yrs. _____ mos. _____ ds.					
Contributory (Duration) _____ yrs. _____ mos. _____ ds.					
(Signed) <u>W. M. Clayton</u> , M. D.					
Address <u>Antonia</u>					
18 I hereby certify that the deceased was not subject to any communicable disease, and that the death was not caused by any of the following: _____					
When was disease contracted, if State of death is different from State of residence: _____					
19 PLACE OF BURIAL OR REMIVAL <u>Polk Co. Tenn.</u> DATE OF BURIAL <u>Oct. 6, 1918</u>					
ADDRESS _____					

I hereby certify the above to be a true and correct copy of the original record on file in this Department. Valid ONLY when embossed seal of the Tennessee Department of Public Health and multi-color seal of State Registrar are affixed.

W. M. Clayton  
 COMMISSIONER