FORM NO. 11.

CERTIFICATE OF DEATH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20405

Registered No. 80
(For use of Local Registrar)

1. **PLACE OF DEATH**
County of Pickens
Township of ____
or
Inc. Town of ____
or
City of Easley

Registration District No. 37-a

(No. ____ St.; ____ Ward)

(If death occurred in a Hospital or Institution give its NAME instead of street and number.)

2. **FULL NAME** Jessie Whitlock

Residence In City ____ Yrs. ____ Mos. ____ Days.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)
Female	white	single

6 DATE OF BIRTH: Oct. (Month) 22 (Day), 1913 (Year)

7 AGE: 1 yrs. 11 mos. 13 dys. If LESS than 1 day, ____ hrs. or ____ min.?

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): Anderson Co. S.C.

PARENTS

10 NAME OF FATHER: Samuel C. Whitlock

11 BIRTHPLACE OF FATHER (State or Country): Anderson Co. S.C.

12 MAIDEN NAME OF MOTHER: Allie Morgan

13 BIRTHPLACE OF MOTHER (State or Country): N. C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. C. Whitlock
(Address) Easley, S.C.

15 Filed Oct. 5, 1915 E. F. Wyatt
LOCAL REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. (Month) 5 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1915, to Oct. 5, 1915, that I last saw h[illegible] alive on Oct. 5, 1915, and that death occurred, on the date stated above, at 10 a.m. The CAUSE OF DEATH* was as follows:

Hand
Malnutrition

(Duration) ____ yrs. 1 mos. 5 dys.

Contributory (SECONDARY) ____

(Duration) ____ yrs. ____ mos. ____ dys.

(Signed) E. F. Wyatt M. D.
Oct. 5, 1915 (Address) Easley, S.C.

*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. ____ dys. In the State ____ yrs. ____ mos. ____ dys.
Where was disease contracted, ____
If not at place of death? ____
Former or usual Residence ____

19 Place of Burial or Removal: Flat Rock Church — DATE OF BURIAL: Oct. 6, 1915

20 UNDERTAKER: Robinson & Thornton — ADDRESS: Easley, S.C.

N. B.—Every item of information should be carefully supplied. 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.

McCaw, of Columbia.