

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.

1 PLACE OF DEATH

County Jackson
Civil Dist. # 4
or
Village _____
or
City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44404
Primary Registration District No. _____

File No. _____
Registered No. 76

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

2 FULL NAME Frankie Raine

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>not known</u> , 18 <u>57</u> (Month) (Day) (Year)		
7 AGE <u>60</u> yrs. mos. ds.		If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (State or country) <u>Kentucky</u>		
PARENTS	10 NAME OF FATHER <u>Levi Boyd</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>	
	12 MAIDEN NAME OF MOTHER <u>Rachel Boyed</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Vir</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 1, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 1, 1917, to April 1, 1917, that I last saw her alive on Apr 1, 1917, and that death occurred, on the date stated above, at 7 P m.

The CAUSE OF DEATH* was as follows:
Remuneration
..... (Duration) yrs. mos. ds.

Contributory (SECONDARY) _____
..... (Duration) yrs. mos. ds.

(Signed) J. N. Jones, M. D.
Apr 2, 1917. (Address) Haydenburg Tenn

*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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Winnie Silberg
(Address) Haydenburg Tenn

15 Filed Apr 2, 1917 Pat Clark
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Croftie Grove yard DATE OF BURIAL Apr 2, 1917
20 UNDERTAKER Bailey Clark Coct ADDRESS Whitley Villa
R 27 Tenn