

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		STATE OF TENNESSEE	
County	Jackson Co. 3347	STATE BOARD OF HEALTH	
Civil District	1	Bureau of Vital Statistics	
or Village		CERTIFICATE OF DEATH	279
or City		Registration District No. 441	File No. 1
		Primary Registration District No. 24401	Registered No.
2 FULL NAME		Lizzie Elkins	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH
Female	White	single	April 28, 1917
6 DATE OF BIRTH	7 AGE		17 I HEREBY CERTIFY, That I attended deceased from
April 12, 1888	29 yrs. 16 ds.	If LESS than 1 day, --- hrs. or --- min.?	Nov 20, 1916, to Jan 10, 1917,
8 OCCUPATION	9 BIRTHPLACE		that I last saw her alive on Jan 10, 1917,
(a) Trade, profession, or particular kind of work	(State or country)		and that death occurred, on the date stated above, at 9 A. M.
Housework	Jackson Co.		The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	10 NAME OF FATHER		Tuberculosis 31
	Brack Elkins		(Duration) 1 yrs. 2 mos. ds.
	11 BIRTHPLACE OF FATHER		Contributory (SECONDARY)
	Jackson Co.		(Duration) --- yrs. --- mos. --- ds.
	12 MAIDEN NAME OF MOTHER		(Signed) Emma M. M. M., M. D.
	Julia Poston		May 10, 1917 (Address) Gunnesboro
	13 BIRTHPLACE OF MOTHER		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	Jackson Co.		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	15		At place of death --- yrs. --- mos. --- ds. In the State --- yrs. --- mos. --- ds.
(Informant) Brack Elkins	Filed May 26, 1917		Where was disease contracted, if not at place of death? ---
(Address) Gunnesboro	W. W. Suttie		Former or usual residence ---
	REGISTRAR		19 PLACE OF BURIAL OR REMOVAL
			Charis Grave York, N. Y., 1917
			20 UNDERTAKER
			ADDRESS
			Gunnesboro