

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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. First Registration District No. 441 File No. 14  
or Village Franklin Primary Registration District No. 24401 Registered No. \_\_\_\_\_  
or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Elizabeth Harris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
6 DATE OF BIRTH July 15, 1917  
(Month) (Day) (Year)  
7 AGE 4 yrs. 15 mos. 15 ds. If LESS than 1 day, ----hrs. or ----min.?

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

9 BIRTHPLACE (State or country) Jackson Co.

PARENTS  
10 NAME OF FATHER Pat Harris  
11 BIRTHPLACE OF FATHER (State or country) Jackson Co.  
12 MAIDEN NAME OF MOTHER Mary Whitaker  
13 BIRTHPLACE OF MOTHER (State or country) Jackson Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

15 Filled June 5, 1917 M.H. Little  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 28, 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 21, 1917, to May 24, 1917, that I last saw her alive on May 24, 1917, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
1 P.M.  
(Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Signed) Chas. C. Fowler, M. D.  
(Address) Garrison, 191 ----

\*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 \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Stafford Gravel DATE OF BURIAL May 29, 1917  
20 UNDERTAKER Gained but ADDRESS \_\_\_\_\_