

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

312

**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. 12  
 or Village Levens  
 or City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 44412 File No. 15  
 Primary Registration District No. 12 Registered No. 15  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Lou Sarah Birdwell

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 (Write the word)

6 DATE OF BIRTH Oct 21, 1843  
 (Month) (Day) (Year)

7 AGE 74 9 12 If LESS than 1 day, -----hrs. or -----min.?  
 yrs. mos. ds.

8 OCCUPATION House Wife  
 (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 Tenn

PARENTS

10 NAME OF FATHER Edward Jackson

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Betsy Howell

13 BIRTHPLACE OF MOTHER (State or country) ala

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH August 2, 1917  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1917, to July 30, 1917, that I last saw her alive on July 30, 1917, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH \* was as follows: 164  
Prophy of the Lungs

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory old age  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) N. M. Melesin, M. D.  
aug, 1917. (Address) Ganesharo Tenn R#3

\*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) J. P. Aytes  
Ganesharo Tenn R # 3  
 (Address)

15 Filled Aug 4, 1917 Geo. B. Billingsley  
Ganesharo REGISTRAR  
Tenn R#3

19 PLACE OF BURIAL OR REMOVAL Hot Cemetery DATE OF BURIAL Aug 3, 1917

20 UNDERTAKER J. H. Birdwell ADDRESS Ganesharo Tenn R#3