

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. First
 or Village Gainesboro
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 1241 File No. 38
 Primary Registration District No. 1241 Registered No. _____

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

2 FULL NAME Ruby Lankford

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 11/19, 1917
 (Month) (Day) (Year)

7 AGE Three weeks 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) Lack Run Co

10 NAME OF FATHER Luster Lankford

11 BIRTHPLACE OF FATHER (State or country) Lack Run Co

12 MAIDEN NAME OF MOTHER Aimee Stewart

13 BIRTHPLACE OF MOTHER (State or country) East Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Luster Lankford

(Address) Gainesboro

15 Filed Nov 8, 1917 W. H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 7, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10:00 7 1917, to _____, 1917, that I last saw her alive on _____, 1917, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: 100%
I never saw child until
after she had been dead
two days longer but from
history of case I think
death was due to pneumonia
 Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) W. B. Fowler, M. D.
Dec 7, 1917 (Address) Gainesboro

*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 Proctor Grange DATE OF BURIAL Nov 9, 1917

20. UNDERTAKER Mr. Brown ADDRESS Gainesboro