

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. 13 Registration District No. 44413 File No. 12
or Village _____ Primary Registration District No. _____ 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 Ruba Pharris

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 25, 1912
(Month) (Day) (Year)

7 AGE _____ yrs. 10 mos. _____ ds. If LESS than 1 day, _____ hrs. or 15 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 Ten

PARENTS

10 NAME OF FATHER Huston Pharris

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

12 MAIDEN NAME OF MOTHER Ma Stafford

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Ten

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Huston Pharris
(Address) Gainesboro

15. Filed Jan 1, 1918 David Hall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 25, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 27 1918, to Dec 21, 1918, that I last saw her alive on Dec 21, 1918, and that death occurred, on the date stated above, at 12:35 m.
The CAUSE OF DEATH* was as follows:
Hopping cough
followed by
pneumonia
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) E. C. Reeves, M. D.
Jan 1, 1918 (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 Pharris Cemetery DATE OF BURIAL Dec 26, 1917

20 UNDERTAKER Huston Pharris ADDRESS Gainesboro