

WRITE PLAIN ... 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

19

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 11
or
Village _____
or
City _____ (No. _____, St.; _____ Ward)

Registration District No. 24211
Primary Registration District No. 11

File No. _____
Registered No. X

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

2 FULL NAME Beulah Lucile

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 11 21, 1916
(Month) (Day) (Year)

7 AGE 1 yrs. 2 mos. 14 ds. If LESS than 1 day,hrs. ofmin.?

8 OCCUPATION Infant
(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. T.

10 NAME OF FATHER Alois Lucile

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Abby Carson

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Abby Lucile
(Address) Hammond #3

15 Filed 3/8, 1918 L P Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 5, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2/1 1918, to 2/5, 1918, that I last saw her alive on 2/5, 1918, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH* was as follows:
Infection Duhrbae
113
5
(Duration) yrs. mos. ds.

Contributory (SECONDARY) _____ (Duration) yrs. mos. ds.
(Signed) L P Anderson, M. D.
2/8, 1918 (Address) Hammond

*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 Whitaker Cem. DATE OF BURIAL 2/7, 1918

20 UNDERTAKER Harman Brown ADDRESS Granville