

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. 15
 or Village _____
 or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

52

CERTIFICATE OF DEATH

Registration District No. 44419 File No. 13
 Primary Registration District No. _____ Registered No. _____

2 FULL NAME

Lizzie Spivey

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 (Write the word)
 6 DATE OF BIRTH unknown, 1886
 (Month) (Day) (Year)
 7 AGE 32 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION

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

9 BIRTHPLACE (State or country)

Jackson County Ten

PARENTS

10 NAME OF FATHER

George Spivey

11 BIRTHPLACE OF FATHER (State or country)

Gainesboro Tenn

12 MAIDEN NAME OF MOTHER

Tammy McKelley

13 BIRTHPLACE OF MOTHER (State or country)

Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. L. Lawson
 (Address) Gainesboro

15

Filed April 11, 1918 David Hall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 9, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 1st 1918, to April 9, 1918, that I last saw her alive on April 9, 1918, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Pulmonary Consumption

Contributory (SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) R. C. Reuss, M. D.
 _____, 191_____ (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

DATE OF BURIAL

Pharris Cemetery April 10, 1918

20 UNDERTAKER

ADDRESS

George Spivey Gainesboro