

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

66

1 PLACE OF DEATH

County JacksonCivil Dist. # 12or
Village _____or
City GarnesboroRegistration District No. 44412Primary Registration District No. 12File No. 6Registered No. 6

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

2 FULL NAME America Pippin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)6 DATE OF BIRTH May 25, 1850
(Month) (Day) (Year)7 AGE 67 yrs. 11 mos. 29 ds. If LESS than 1 day, ---- hrs. or ---- min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work at Home
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co10 NAME OF FATHER Sylus Jackson11 BIRTHPLACE OF FATHER (State or country) Jackson Co12 MAIDEN NAME OF MOTHER Susan Billingsley13 BIRTHPLACE OF MOTHER (State or country) Jackson Co14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Pippin
(Address) Garnesboro R#315 Filled May 25, 1918 by J. M. B. Billingsley
Garnesboro Tenn
REGISTRAR
R#3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 24, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from May 22, 1918, to May 24, 1918, that I last saw her alive on May 22, 1918, and that death occurred, on the date stated above, at 9 A. M.The CAUSE OF DEATH* was as follows:
Paralysis(Duration) 60 hrs. yrs. mos. ds.

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

(Signed) J. Mac Wheeler, M. D.
5/25, 1918 (Address) Bloomington Tenn

*State the DISEASE CAUSING DEATH, or, in deaths from YACIDENT 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 Jackson cemetery DATE OF BURIAL May 25, 191820 UNDERTAKER J. F. Petty ADDRESS Bloomington Tenn
R#1MARGIN RESERVED FOR BINDING (M)
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.