

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. 247
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 482
 Primary Registration District No. _____

File No. 69
 Registered No. 10

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

2 FULL NAME Stice Bessie Adner

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 24, 1918
 (Month) (Day) (Year)

7 AGE _____ If LESS than 1 day, -----hrs. or -----min.?
 -----yrs. -----mos. -----ds.

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) _____

PARENTS
 10 NAME OF FATHER Paul Norman
 11 BIRTHPLACE OF FATHER (State or country) Livingston Tenn
 12 MAIDEN NAME OF MOTHER Dorah Lee
 13 BIRTHPLACE OF MOTHER (State or country) Livingston Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Paul Norman
 (Address) Garrett Ave

15 Filled May 25, 1918 by R. P. Harris
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 24, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows: S

 _____ (Duration) -----yrs. -----mos. -----ds.

Contributory (SECONDARY) _____ (Duration) -----yrs. -----mos. -----ds.
 (Signed) R. P. Harris, M. D.
 _____, 191____ (Address) Garrett Ave

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF 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 Lynn Cemetery DATE OF BURIAL May 25, 1918

20 UNDERTAKER W. A. Lynn ADDRESS Garrett Ave