

MAKING RESERVED FOR BINDING. 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.

**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. 710 Registration District No. 444 File No. 79 21  
 or Village \_\_\_\_\_ Primary Registration District No. 10 Registered No. 21  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Biancie Cooper

**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 Nov 5, 1853  
(Month) (Day) (Year)

7 AGE 62 yrs. 7 mos. 28 ds. If LESS than 1 day, ---- hrs. or ---- min.?

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

9 BIRTHPLACE (State or country) Tenn

**PARENTS**  
 10 NAME OF FATHER Jana Anderson  
 11 BIRTHPLACE OF FATHER (State or country) Tenn  
 12 MAIDEN NAME OF MOTHER Esher Ann Lacy  
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH July - 3 - 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: None in Attendance  
2018  
(Duration) ---- yrs. ---- mos. ---- ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) ---- yrs. ---- mos. ---- ds.  
 (Signed) \_\_\_\_\_, M. D.  
 \_\_\_\_\_, 191\_\_\_\_ (Address)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Paragette Wasson  
 (Address) Cookeville Tenn.

15 Filed July 6, 1918 J. Humming  
REGISTRAR

\*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 4 yrs. ---- mos. ---- ds. In the State ---- yrs. ---- mos. ---- ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence Jackson co.

19 PLACE OF BURIAL OR REMOVAL Jackson co DATE OF BURIAL July 4, 1918

20 UNDERTAKER None in Attendance ADDRESS \_\_\_\_\_