

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

93

1 PLACE OF DEATH
 County Jackson
 Civil Dist. # 4
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

Registration District No. 44404 File No. _____
 Primary Registration District No. _____ Registered No. 9

2 FULL NAME Jula Lovell Huffine

[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** Single
 (Write the word)

6 DATE OF BIRTH Mar 10, 1917
 (Month) (Day) (Year)

7 AGE 1 yrs. 5 mos. 9 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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) Macon Co Tenn

10 NAME OF FATHER Jerry Huffine

11 BIRTHPLACE OF FATHER (State or country) Sumner Co Tenn

12 MAIDEN NAME OF MOTHER Bonnie Wilcher

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 18, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1918, to 1918, 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:
fell off porch into a
cup of water &
drowned 182

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

(Signed) Patt Clark (local reg.) M.D. Aug 19, 1918 (Address) Haydenburg

*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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Stella Wilcher
 (Address) Haydenburg Tenn

15 Filed Aug 19, 1918 by Patt Clark REGISTERAR

19 PLACE OF BURIAL OR REMOVAL Jenkins home yard **DATE OF BURIAL** Aug 19, 1918

20 UNDERTAKER R. G. Jenkins **ADDRESS** Haydenburg