

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. 11
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

105

CERTIFICATE OF DEATH

Registration District No. 22411 File No. _____

Primary Registration District No. 11 Registered No. 17

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

2 FULL NAME Jackson

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, 1916
(Month) (Day) (Year)

7 AGE 2 yrs. 6 mos. 17 ds. If LESS than 1 day, ---- hrs. or ---- min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Elmer Jackson

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Eliza Platt

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Elmer Jackson

(Address) Greenville R.H. 1

15 Filed 10/18, 1918 L.P. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 27, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9/20, 1918, to 9/27, 1918; that I last saw her alive on 9/27, 1918; and that death occurred, on the date stated above, at 11 A. m.

The CAUSE OF DEATH* was as follows: measles at 7

(Duration) ---- yrs. ---- mos. 10 ds.

Contributory Branches Pneum. (SECONDARY)
 (Duration) ---- yrs. ---- mos. 3 ds.

(Signed) L.P. Anderson, M. D.
9/30, 1918 (Address) Greenville

*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 Jackson Cem. DATE OF BURIAL 9/29, 1918

20 UNDERTAKER John Hoove ADDRESS Greenville