

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 478 115
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 15 Registration District No. 4408 File No. 4
of Village _____ Primary Registration District No. _____ Registered No. _____
or City _____ (No. _____, St.; Ward) _____
2 FULL NAME Rubia A W Lee [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 Aug 20, 1917
(Month) (Day) (Year)

7 AGE 1 yrs. 1 mos. 16 ds. If LESS than 1 day, --- hrs. or --- min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Jackson Co, Tenn

PARENTS

10 NAME OF FATHER Willie Lee

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Fairy Lynn

13 BIRTHPLACE OF MOTHER (State or country) Tenn

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 6, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1918, to Oct 1st, 1918, that I last saw hu alive on _____, 191____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: 113
with stomach trouble
Acute Illia Colitis
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Russell Saw, M. D. 112, 1918. (Address) Humboldt

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Fairy Lee
(Address) Whitleyville Tenn

15 Filed see 12, 1918. David Hall
REGISTRAR

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 Reps Cemetery DATE OF BURIAL Oct 7, 1918

20 UNDERTAKER Willie Lee, Whitleyville ADDRESS _____