

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

118

1 PLACE OF DEATH
County Jackson
Civil Dist. 11
or
Village _____
or
City _____ (No. _____, _____ St.; _____ Ward)Registration District No. 44411

File No. _____

Primary Registration District No. 11Registered No. 24

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

2 FULL NAME Allie 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 1 10, 1918
(Month) (Day) (Year)7 AGE 2 yrs. 9 mos. 9 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 Oscar Jackson11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Jessie Platt13 BIRTHPLACE OF MOTHER (State or country) Tenn.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Oscar Jackson
(Address) Gainesboro T.15 Filed 1/10, 1919 L.P. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 10, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 10/8 1918, to 10/10, 1918, that I last saw her alive on 10/10, 1918, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneum. 100%Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. 2 ds.
(Signed) Taber River, M. D.
10/11, 1918. (Address) Gainesboro

*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 10/12, 191820 UNDERTAKER Jessie Platt ADDRESS Gainesboro

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.