

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. # 3
 or
 Village _____
 or
 City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 119
 Registered No. 12

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

2 FULL NAME Gracie Lee Donoho

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 March 25, 1918
(Month) (Day) (Year)

7 AGE 6 16 If LESS than 1 day, ----- hrs. or ----- min.?
----- yrs. ----- mos. ----- ds.

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Esby Donoho

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Lena Huffiner

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Esby Donoho
 (Address) Haydenburg Tenn.

15 Filed Oct 12, 1918 M. H. Dycer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 11, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 5 1918, to Oct 10, 1918, that I last saw h. or alive on Oct 10, 1918, and that death occurred, on the date stated above, at 9 p.m.

The CAUSE OF DEATH* was as follows:
Pneumonia following Measles
 (Duration) ----- yrs. ----- mos. ----- ds.

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

(Signed) F. O. Cornwall, M. D.
Oct. 12, 1918 (Address) Haydenburg Tenn.

*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 Drakes Cemetery DATE OF BURIAL Oct 12, 1918

20 UNDERTAKER Leon. Will ADDRESS Willitt Tenn.