

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

121

File No. 8

## 1 PLACE OF DEATH

County JacksonCivil Dist. # 1Village Grainshors

City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 441Primary Registration District No. 24401

Registered No. \_\_\_\_\_

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

2 FULL NAME Litho Jane McCarnock

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)6 DATE OF BIRTH January 10, 1899  
(Month) (Day) (Year)7 AGE 27 yrs. 9 mos. 2 ds. If LESS than 1 day, ---- hrs. or ---- min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co. Tenn10 NAME OF FATHER John Lock11 BIRTHPLACE OF FATHER (State or country) Jackson Co. Tenn12 MAIDEN NAME OF MOTHER Sarah E. Davidson13 BIRTHPLACE OF MOTHER (State or country) Jackson Co. Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Lock(Address) Grainshors, Tenn15 Filed Oct 15, 1918 S. M. Little

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 12, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 8, 1918, to Oct 11, 1918, that I last saw her alive on Oct 11, 1918, and that death occurred, on the date stated above, at 6 Am.The CAUSE OF DEATH\* was as follows: Pneumonia1016

Contributory (SECONDARY) \_\_\_\_\_

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

(Signed) Henry P. Ayles, M. D.Oct. 13, 1918 (Address) Grainshors, 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 don't know DATE OF BURIAL Oct 11, 191820 UNDERTAKER Pete Butler ADDRESS GrainshorsMARGIN RESERVED FOR BINDING  
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.