

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. 12  
 or Village Glenny  
 or City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412  
 Primary Registration District No. 12

123  
 File No. 18

Registered No. 18

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

2 FULL NAME Nancy Luvelna Birdwell

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 July 20, 1906  
(Month) (Day) (Year)

7 AGE 12 yrs. 7 mos. 24 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work School Girl  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Jackson Co Tenn

10 NAME OF FATHER Fred. M. Birdwell

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Susie Garrison

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Martha Hot  
Ganesharo Tenn R # 3  
(Address)

15 Filed Oct 16, 1918  
W. B. Billingsley  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 14, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 2 1918, to \_\_\_\_\_, 191\_\_\_\_, that I last saw her alive on Oct 13, 1918, and that death occurred, on the date stated above, at 9 a.m.  
 The CAUSE OF DEATH\* was as follows:

Influenza followed by Pneumonia

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

(Signed) W. M. McLean, M. D.  
Oct 15, 1918 (Address) Ganesharo 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 Hot Cemetery DATE OF BURIAL Oct 15, 1918

20 UNDERTAKER Wm D. Birdwell ADDRESS Double Springs Tenn