

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

128

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 12
or
Village Mayfield
or
City _____ (No. _____ St.; _____ Ward)Registration District No. 44412
Primary Registration District No. 12File No. 15Registered No. 15

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

2 FULL NAME Dona Effa Hark

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 October 26, 1895
(Month) (Day) (Year)7 AGE 22 11 24 If LESS than 1 day, hrs. or min.?
..... yrs. mos. ds.8 OCCUPATION
(a) Trade, profession, or particular kind of work House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Jackson Co TennPARENTS
10 NAME OF FATHER J E Anderson11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Pollie A Birdwell13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J E Anderson
Gainesboro Tenn R #3
(Address)15 Filed Oct 21, 1918 by J. W. B. Billingsly
Gainesboro Tenn REGISTRAR

Form V. S. No. 4-25M.

POSTER & PARKER CO., NASHVILLE

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 19, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 1918, to Oct 16, 1918, that I last saw her alive on Oct 16, 1918, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of the lungs
Family Consumption
about (Duration) one yrs. mos. ds.Contributory (SECONDARY) _____ (Duration) _____ yrs. mos. ds.
(Signed) G. E. Rives & B. Fowler, M. D.
Oct 21, 1918 (Address) Gainesboro 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 benetery DATE OF BURIAL Oct 20, 191820 UNDERTAKER J P Hoop ADDRESS Gainesboro Tenn R #3

MARGIN 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.