

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

139

1 PLACE OF DEATH
County Jackson

Civil Dist. _____

or
Village Cockshill 628or
City _____ (No. _____, St.; _____ Ward)Registration District No. 442

File No. _____

Primary Registration District No. _____

Registered No. 142 FULL NAME Miss Lizzie Brown

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

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 July 26, 1893
(Month) (Day) (Year)7 AGE 25 yrs. 9 mos. 1 ds. If LESS than 1 day, ----- hrs. or ----- min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Joseph Stafford11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Minnie Lynn13 BIRTHPLACE OF MOTHER (State or country) Tenn14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Will Lynn
(Address) Cockshill 62815 Filed Oct 27, 1918 by A. J. Perkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 27, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 26, 1918, to Oct 27, 1918, that I last saw her alive on Oct 26, 1918, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia(Duration) ----- yrs. ----- mos. 6 ds.Contributory Pneumonia
(SECONDARY) (Duration) ----- yrs. ----- mos. 2 ds.(Signed) J. T. Moore M. D.
Oct 27, 1918 (Address) Alger, 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 Dodson Branch DATE OF BURIAL Oct 28, 191820 UNDERTAKER J. Mabry ADDRESS CockshillMARGIN 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.