

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

144

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 9or
Village _____or
City _____ (No. _____, St.; _____ Ward)Registration District No. 448

Primary Registration District No. _____

File No. 7

Registered No. _____

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

2 FULL NAME Adah Loflice

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write this word)6 DATE OF BIRTH Nov 21, 1904
(Month) (Day) (Year)7 AGE 13 11 7 If LESS than 1 day, -----hrs. or -----min.?
-----yrs. -----mos. -----ds.8 OCCUPATION housekeeping
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER Melvin Loflice11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn12 MAIDEN NAME OF MOTHER Louvinia Loflice13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Louvinia Loflice(Address) Cookeville Tenn15 Filed Jan 29, 1915 A. M. Ballard REGISTRARSub

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 30, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____,

that I last saw, h_____ alive on _____, 191____,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Influenza terminatis in pneumonia

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

Contributory (SECONDARY)

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

(Signed) D. B. Howler, M. D......, 191____ (Address) Gousserbow

*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 13 yrs. 11 mos. 7 ds. In the State 13 yrs. 11 mos. 7 ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hensley CemeteryDATE OF BURIAL Oct 31, 191820 UNDERTAKER bind only

ADDRESS

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.

MARGIN RESERVED FOR BINDING