

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

157

1 PLACE OF DEATH
County Lackland
Civil Dist. First
or
Village Gainesboro
or
City _____ (No. _____, _____ St.; _____ Ward)Registration District No. 441
Primary Registration District No. 44001File No. 16
Registered No. _____

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

2 FULL NAME Jara B. Jackson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH May 29, 1914
(Month) (Day) (Year)7 AGE 5 6 12 If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION
(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) Lackland, Tenn.10 NAME OF FATHER Oscar Jackson11 BIRTHPLACE OF FATHER (State or country) Lackland, Tenn.12 MAIDEN NAME OF MOTHER Martha Delat13 BIRTHPLACE OF MOTHER (State or country) Lackland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martha Delat
(Address) Gainesboro15 Filed Jan 4, 1918 9 Mrs M. H. Little REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 14, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Nov 9, 1918, to Nov 14, 1918, that I last saw her alive on Nov 14, 1918, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia following Influenza

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

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) L. E. Russell, M. D.
Nov 17, 1918 (Address) Gainesboro

*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 Gainesboro cemetery DATE OF BURIAL Nov 15, 1918
20 UNDERTAKER McLennan ADDRESS Gainesboro

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

ANE

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