

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 Clenny
 or
 City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

158

CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. 24
 Registered No. 24

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

2 FULL NAME Ednor L. Hot

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 Feb 1, 1918
(Month) (Day) (Year)

7 AGE 4 yrs. 9 mos. 13 ds.
 If LESS than 1 day, hrs. or min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work None
 (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 Dudley W Hot

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

12 MAIDEN NAME OF MOTHER Vina Ethel Hot

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) L. M. Lehaffin
Gainesboro Tenn R # 3
(Address)

15 Filed Nov 20, 1918 J. W. B. Billingsley
Gainesboro Tenn REGISTRAR
 R # 3

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 13, 1918, that I last saw her alive on Nov 13, 1918, and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH * was as follows:
Hooking lough
followed by Pneumonia
 (Duration) yrs. mos. 20 ds.

Contributory (SECONDARY) _____
 (Duration) yrs. mos. ds.
 (Signed) N. M. McLean M. D.
Nov 20, 1918 Gainesboro Tenn R # 3
(Address)

*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 Nov 15, 1918

20 UNDERTAKER R. L. Lehaffin ADDRESS Gainesboro Tenn
 R # 3