

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. 4th  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

163  
 163  
 File No. \_\_\_\_\_  
 Registered No. 12  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Effie Florence Russell

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 August 17, 1909  
 (Month) (Day) (Year)  
 7 AGE 9 yrs. 2 mos. 5 ds. 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) Tenn

PARENTS  
 10 NAME OF FATHER Robert Russell  
 11 BIRTHPLACE OF FATHER (State or country) Tennessee  
 12 MAIDEN NAME OF MOTHER Ada Smith  
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Will Cassette  
 (Address) Haydenburg

15 Filed 11-22, 1918 W. P. Clark  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 21, 1918  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1918, to Nov. 21, 1918, that I last saw her alive on November 20, 1918, and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia following influenza

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 13 ds.

Contributory (SECONDARY) influenza  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 16 ds.

(Signed) Frank B. Clark, M. D.  
11-21, 1918 (Address) Haydenburg

\*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 Shoemakers Grange DATE OF BURIAL 11-22, 1918

20 UNDERTAKER Leon Witt ADDRESS Wittette Tenn