MARGIN 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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

186

1 PLACE OF DEATH

County Jackson Co

Civil Dist. #1
or
Village Gainesboro Tn
or
City _____ (No. _____, _____ St.; _____ Ward)

Registration District No. 441
Primary Registration District No. 44401

File No. 4
Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Florence Haile

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Jan (Month) 29 (Day), 1882 (Year)

7 AGE: 36 yrs. ____ mos. ____ ds.

If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Horse wife
(b) General nature of industry, business, or establishment in which employed (or employer): _____

9 BIRTHPLACE (State or country): Jackson Co

PARENTS

10 NAME OF FATHER: John T. Gailbreth

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

12 MAIDEN NAME OF MOTHER: Ida Hogan

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filed Feb 4, 1919 Mrs. W. H. Settle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 29 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 23 1918, to Dec 29, 1918, that I last saw her alive on Dec 29, 1918, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia following influenza 4

11a

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

Contributory (SECONDARY) _____

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

(Signed) D. C. C. Fowler, M. D.

_____, 191__ (Address) Gainesboro Tn

*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: Richmond Cemetery

DATE OF BURIAL: Dec 30, 1918

20 UNDERTAKER: McDermott & Stafford Co

ADDRESS: Gainesboro Tn

Form V. S. No.-4—25M. * POSTER & PARKES CO., NASHVILLE