

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.

1 PLACE OF DEATH			STATE OF TENNESSEE		147
County <u>Jackson Co</u>			STATE BOARD OF HEALTH Bureau of Vital Statistics		
Civil Dist. <u>1st</u>			CERTIFICATE OF DEATH		
or Village <u>Chimney Ford</u>			Registration District No. <u>441</u>	File No. <u>4</u>	
or City _____ (No. _____, St.; _____ Ward)			Primary Registration District No. <u>24401</u>	Registered No. _____	
2 FULL NAME <u>Mrs. John Lynn</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> <small>(Write the word)</small>	16 DATE OF DEATH <u>Jan 16, 1920</u> <small>(Month) (Day) (Year)</small>		
6 DATE OF BIRTH <u>April 22, 1860</u> <small>(Month) (Day) (Year)</small>			17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 10, 1920</u> , to <u>Jan 16, 1920</u> , that I last saw her alive on <u>Jan 5, 1920</u> , and that death occurred, on the date stated above, at <u>10 A.M.</u>		
7 AGE <u>60</u> yrs. _____ mos. _____ ds. <small>If LESS than 1 day, _____ hrs. or _____ min.?</small>			The CAUSE OF DEATH* was as follows: <u>Pneumonia 101a</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>house wife</u> (b) General nature of industry, business, or establishment in which employed (or employer)			_____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>		
9 BIRTHPLACE <small>(State or country)</small> <u>Jackson Co</u>			Contributory _____ <small>(SECONDARY)</small>		
PARENTS	10 NAME OF FATHER <u>Jones Merou</u>		_____ <small>(Duration) _____ yrs. _____ mos. _____ ds.</small>		
	11 BIRTHPLACE OF FATHER <small>(State or country)</small> <u>Jackson Co</u>		Signed <u>Alexander</u> , M. D. <small>(Address) _____, 191_____</small>		
	12 MAIDEN NAME OF MOTHER <u>Plina Gibson</u>		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
	13 BIRTHPLACE OF MOTHER <small>(State or country)</small> <u>Jackson Co</u>		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 _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Walter Gibson</u> <small>(Address) _____</small>			19 PLACE OF BURIAL OR REMOVAL <u>Springfield Cemetery</u>		
15 Filed <u>7-69</u> , 19 <u>20</u> <u>Wm. W. Little</u> <small>REGISTRAR</small>			DATE OF BURIAL <u>Jan 17, 1920</u>		
			20 UNDERTAKER <u>Gambler's Undertakers</u>		
			ADDRESS <u>Chimney Ford</u>		