

1 PLACE OF DEATH

County JacksonCivil Dist. # 1or Village Gainesboro

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

150

Registration District No. 1441File No. 2Primary Registration District No. 24401

Registered No. _____

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

2 FULL NAME Perrilla Terry

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH January 21, 1920
(Month) (Day) (Year)7 AGE 81 yrs. 4 mos. 28 ds. If LESS than 1 day, ____ hrs. or ____ min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Jackson Tenn10 NAME OF FATHER William Hawkins11 BIRTHPLACE OF FATHER (State or country) Dont know12 MAIDEN NAME OF MOTHER Dont know13 BIRTHPLACE OF MOTHER (State or country) Dont know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Otha Smith(Address) Gainesboro, Tenn # 115 Filed Jan 24 1926 Mrs W H Galt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 21, 1920
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from One day, 1920, to January 20, 1920, that I last saw her alive on January 20, 1920, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumoniaetc

Contributory (SECONDARY) _____

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

(Signed) H. H. P. D. D. M. D.Jan 23, 1920. (Address) Gainesboro Tenn

*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 Phonix Cemetery DATE OF BURIAL Jan 25, 192020 UNDERTAKER McDermann Stafford Co ADDRESS GainesboroMARGIN 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.