

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. no 2
OR
Village Gainesboro
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. 44402
Primary Registration District No. 2

File No. 17
Registered No. 17

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

2 FULL NAME Ola May Long

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 May 3 1919
(Month) (Day) (Year)
7 AGE 9 If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work small child
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Jackson Co Tenn

PARENTS
10 NAME OF FATHER Rufus Long
11 BIRTHPLACE OF FATHER [State or country] Haydenburg
12 MAIDEN NAME OF MOTHER Mattie Hunter
13 BIRTHPLACE OF MOTHER [State or country] Haydenburg Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] F O Carnwell
[Address] Haydenburg, Tenn

15 Filed Feb 3 1920 Wlong M. Cowley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 3 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h..... alive on _____, 191____, and that death occurred, on the date stated above, at _____ M. The CAUSE OF DEATH* was as follows: 1002

Broncho Pneumonia
[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.

Signed F O Carnwell M. D.
Feb 1 1920 Address Haydenburg Tenn

* State the DISEASE CAUSING DEATH, or, if death 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 Howell Grave yard DATE OF BURIAL Feb 3 1920

20 UNDERTAKER Frank Howell ADDRESS Gainesboro

MARGIN RESERVED FOR BINDING WITH UNFADING INK THIS IS A PERMANENT RECORD

WRITE PLAINLY. 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.