

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		163
County <u>Jackson</u>		STATE BOARD OF HEALTH		
Civil Dist. <u>Sixth</u>		Bureau of Vital Statistics		
OR		CERTIFICATE OF DEATH		
Village _____		Registration District No. <u>442</u>	File No. _____	
OR		Primary Registration District No. _____	Registered No. <u>4</u>	
City _____ (No. _____, St.; _____ Ward)		[If death occurred in a hospital or institution, give its NAME instead of street and number.]		
2 FULL NAME <u>Lula Hamrick</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>Infant</u> (Write the word)	16 DATE OF DEATH <u>Feb 25 1920</u> [Month] [Day] [Year]	
6 DATE OF BIRTH <u>January 12 1920</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>2-17 1920</u> , to <u>2-17 1920</u> , that I last saw him alive on <u>2-17 1920</u> and that death occurred, on the date stated above, at _____ M	
7 AGE <u>8</u> yrs. <u>10</u> mos. <u>10</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>Whooping Cough</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Tenn.</u>			Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.	
PARENTS	10 NAME OF FATHER <u>Lita Hamrick</u>		Signed <u>W. M. Brown</u> , M. D. <u>3-5 1920</u> Address <u>Hillsboro, Tenn.</u>	
	11 BIRTHPLACE OF FATHER [State or country] <u>W. Va.</u>		* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	12 MAIDEN NAME OF MOTHER <u>Sumwood</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 _____	
13 BIRTHPLACE OF MOTHER [State or country] <u>W. Va.</u>		19 PLACE OF BURIAL OR REMOVAL <u>Hillsboro cemetery</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Ara Lynn</u> [Address] <u>Gaines Road</u>			DATE OF BURIAL <u>Feb 26 1920</u>	
15 Filed <u>Feb 24 1920</u> <u>A. J. Sharris</u> REGISTRAR			20 UNDERTAKER <u>_____</u>	
20 ADDRESS <u>_____</u>				