

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

County Jackson,  
 Civil Dist. # 7.  
 or  
 Village \_\_\_\_\_  
 or  
 City Granville, R. #1 (No. \_\_\_\_\_, \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

182

Registration District No. HHHO ? File No. 1  
 Primary Registration District No. \_\_\_\_\_ Registered No. 12

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

2 FULL NAME Cora Anderson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
6 DATE OF BIRTH <u>September 20, 1927</u> (Month) (Day) (Year)		
7 AGE <u>72</u> yrs. <u>0</u> mos. <u>0</u> ds.		If LESS than 1 day, -----hrs. or -----min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Jackson, Co. Tenn.</u>		
PARENTS	10 NAME OF FATHER <u>James Anderson</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Jackson, Co.</u>	
	12 MAIDEN NAME OF MOTHER <u>Arabella Brown</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Jackson, Co. Tenn.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Anderson  
 (Address) Granville, Tenn. R. 1.

15  
 Filed April 7, 1930 Emma Wheeler  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
March 20, 1930  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1930, to March 20, 1930, that I last saw her alive on March 17, 1930, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH \* was as follows:  
Infectious Tuberculosis, 31

(Duration) 5 yrs. 0 mos. 0 ds.

Contributory (SECONDARY)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) N. M. McLean, M. D.  
Ch. 21, 1930 (Address) Cainesboro, 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  
Fox Grave yard,

DATE OF BURIAL  
March 22, 1930

20 UNDERTAKER  
Black smith shop,

ADDRESS  
Bloomington, Tenn.