

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. 8  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE 214  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH  
 Registration District No. H.H.H.08 File No. 13  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Permelia Hall

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female white 4 COLOR OR RACE White 5 single single  
WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH August 10 : 1837  
(Month) (Day) (Year)

7 AGE 83 yrs. 9 mos. 7 ds. If LESS than 1 day, hrs. or min.

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Henry Hall  
 11 BIRTHPLACE OF FATHER (State or country) Kentucky  
 12 MAIDEN NAME OF MOTHER Elizabeth Brice  
 13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] J. M. Carson  
 [Address] Gainesboro

15 Filed May 20 1920 by Mrs. J. M. Carson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 20 1920  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from May 20 1920 to May 20, 1920 that I last saw her alive on May 20, 1920 and that death occurred, on the date stated above, at 1 P.M.  
 The CAUSE OF DEATH\* was as follows:  
Senile Debility 164  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Signed Dr. R. C. Gaud M. D.  
May 29, 1920 Address Gainesboro

\* State (1) the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (2) 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 Hall Cemetery DATE OF BURIAL May 20 1920  
 20 UNDERTAKER Henry Hall ADDRESS Gainesboro