

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 statements of OCCUPATION is very important. See instructions on back of certificate.

**STATE OF TENNESSEE**  
STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**

221

**1 PLACE OF DEATH**  
County Jackson  
Civil Dist. 9 Registration District No. 44408 File No. 5  
or Village \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 5  
or City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2 FULL NAME** Jetta Lee Henley

**PERSONAL AND STATISTICAL PARTICULARS**

**3 SEX** girl **4 COLOR OR RACE** white **5 SINGLE, MARRIED, WIDOWED, OR DIVORCED** single  
(Write the word)

**6 DATE OF BIRTH** May 26 1920  
(Month) (Day) (Year)

**7 AGE** \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 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) Jackson co

**PARENTS**

**10 NAME OF FATHER** Russel D. Henley

**11 BIRTHPLACE OF FATHER** (State or country) Jackson co

**12 MAIDEN NAME OF MOTHER** Viola Henley

**13 BIRTHPLACE OF MOTHER** (State or country) Jackson co

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
(Informant) ollie Henley  
(Address) Fairview Tn

**15** Filed July 20 1920 A. M. Ballard  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** June 11 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 \_\_\_\_\_ mi. The CAUSE OF DEATH\* was as follows:**  
no medical aid  
deceased to be told here  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**Contributory** \_\_\_\_\_ (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) \_\_\_\_\_, M. D.  
\_\_\_\_\_, 191\_\_\_\_ (Address)\*

\*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** Hentley cemetery **DATE OF BURIAL** June 5 1920  
**20 UNDERTAKER** Fairview only **ADDRESS** \_\_\_\_\_