

WRITE PLAIN. 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. 14  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

224

CERTIFICATE OF DEATH

Registration District No. 44414 File No. \_\_\_\_\_  
Primary Registration District No. 14 Registered No. \_\_\_\_\_

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

2 FULL NAME Elvira Thorton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED X (Write the word)

6 DATE OF BIRTH July 8, 1888  
(Month) (Day) (Year)

7 AGE 84 4 6 If LESS than 1 day, ----hrs. or ----min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work not any  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Smith County

10 NAME OF FATHER \_\_\_\_\_

11 BIRTHPLACE OF FATHER (State or country) North C.

12 MAIDEN NAME OF MOTHER Dent

13 BIRTHPLACE OF MOTHER (State or country) \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. Gray Sissy  
(Address) Dyersburg

15 Filed July 1, 1920 Perry Jay  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 8, 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1920, to June 8, 1920 that I last saw her alive on June 8, 1920 and that death occurred, on the date stated above, at 2 m.

The CAUSE OF DEATH\* was as follows:  
malvial and old age  
5  
.....(Duration).....yrs.....mos.....ds.

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

(Signed) R. L. Robinson, M. D.  
July 8, 1920 (Address) Dyersburg

\*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 Willson Home DATE OF BURIAL June 7, 1920

20 UNDERTAKER M. H. Rasmussen ADDRESS Dyersburg