

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 | |
|--|---|--|-------------------------|
| County <u>Jackson</u> | | 232 | |
| Civil Dist. <u>3rd</u> | | STATE BOARD OF HEALTH Bureau of Vital Statistics | |
| OR Village <u>Superior</u> | | CERTIFICATE OF DEATH | |
| OR City _____ (No. _____ St.; _____ Ward) | | Registration District No. <u>47713</u> | File No. _____ |
| 2 FULL NAME <u>Lena Morgan</u> | | Primary Registration District No. _____ | Registered No. <u>8</u> |
| PERSONAL AND STATISTICAL PART | | MEDICAL CERTIFICATE OF DEATH | |
| 3 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>married</u> (Write the word) | |
| 6 DATE OF BIRTH <u>7</u> (Month) <u>25</u> (Day) <u>1890</u> (Year) | | 16 DATE OF DEATH <u>2</u> (Month) <u>25</u> (Day) <u>1920</u> (Year) | |
| 7 AGE <u>23</u> yrs. <u>7</u> mos. <u>25</u> ds. | | 17 I HEREBY CERTIFY, That I attended deceased from <u>Jan. 3</u> 19 <u>20</u> , to <u>July 1</u> , 19 <u>20</u> , (that I last saw h. or alive on <u>July 1</u> , 19 <u>20</u> and that death occurred, on the date stated above, at <u>7 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Tuberculosis of the spine</u> | |
| 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). | | [Duration] _____ yrs. _____ mos. _____ ds. | |
| 9 BIRTHPLACE (State or country) <u>Tennessee</u> | | Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds. | |
| PARENTS | 10 NAME OF FATHER <u>John Morgan</u> | Signed <u>L. S. Merrill</u> M. D. <u>1920</u> , Address <u>Manchester Tenn</u> | |
| | 11 BIRTHPLACE OF FATHER [State or country] <u>Tennessee</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>Alice Ramsey</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>Tennessee</u> | 19 PLACE OF BURIAL OR REMOVAL <u>Superior Cemetery</u> DATE OF BURIAL <u>July 3</u> 19 <u>20</u> | |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE [Informant] <u>Alice Morgan</u> [Address] <u>Hay Cemetery</u> | | 20 UNDERTAKER <u>Lore Witt</u> ADDRESS <u>Millette</u> | |
| 15 Filed <u>July 25 1920</u> REGISTRAR | | | |