

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**  
 County Jackson  
 Civil Dist. no 2  
 Village Huntsburg  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 Registration District No. 44402 File No. 17  
 Primary Registration District No. no 2 Registered No. 3  
**2 FULL NAME** Nannie Drafer

**STATE OF TENNESSEE**  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
**CERTIFICATE OF DEATH**  
 234

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

**6 DATE OF BIRTH** July 1858  
 (Month) (Day) (Year)

**7 AGE** 62 yrs. 0 mos. 0 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or min.?  
 yrs. mos. ds.

**8 OCCUPATION**  
 (a) Trade, profession, or particular kind of work housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)

**9 BIRTHPLACE** Jackson Co Tenn  
 (State or country)

**10 NAME OF FATHER** Lowie Long  
**11 BIRTHPLACE OF FATHER** Tennessee  
 [State or country]

**12 MAIDEN NAME OF MOTHER** Raj  
**13 BIRTHPLACE OF MOTHER** Jackson Co Tenn  
 [State or country]

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**  
 [Informant] \_\_\_\_\_  
 [Address] \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

**16 DATE OF DEATH** July 20 1920  
 [Month] [Day] [Year]

**17 I HEREBY CERTIFY**, That I attended deceased from \_\_\_\_\_ 1919, to \_\_\_\_\_ 1920, that I last saw him alive on July \_\_\_\_\_ 1920, and that death occurred, on the date stated above, at 7 A.M.  
 The CAUSE OF DEATH\* was as follows: Acute Sepsis

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**Contributory [SECONDARY]** \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed O. Cornwell M. P.  
July 30 1920 Address Huntsburg

\* 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** Fairview Grave yard | **DATE OF BURIAL** July 21 1920  
**20 UNDERTAKER** Low Wille | **ADDRESS** Wille's Sons

Filed July 30 1920 Alonzo McLawry REGISTRAR