

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.

STATE OF TENNESSEE 243
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jackson
 Civil Dist. 11 Registration District No. 44411 File No. _____
 or Village _____ Primary Registration District No. 11 Registered No. 6
 or City _____ (No. _____ St.; _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Susan Pruitt

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 2 28, 1898
(Month) (Day) (Year)

7 AGE 72 yrs. 5 mos. 7 ds. If LESS than 1 day, ----hrs. or ----min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Eliza Hallman
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Alitia Brooks
 13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Miss J. G. Hogg
 (Address) Garrettsboro R#4

15 Filed 9/6, 1920 at L. P. Henderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 5, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1918, to Aug 5, 1920, that I last saw her alive on Aug 5, 1920, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
Chronic Tuberculosis of Lungs + Chronic Arteriosclerotic Rheumatism
(Duration) 4 yrs. mos. ds.
 Contributory Broncho Pneumonia
(secondary) (Duration) yrs. mos. ds.
 (Signed) L. P. Henderson, M. D.
5/6, 1920 (Address) Garrettsboro

*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 Garrettsboro DATE OF BURIAL 8/7, 1920
 20 UNDERTAKER Blount Elevator Services ADDRESS _____