

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		245
County	Jackson	STATE BOARD OF HEALTH	Bureau of Vital Statistics	
Civil Dist.	4 th	CERTIFICATE OF DEATH		
OR		Registration District No.	File No.	
Village		Primary Registration District No.	Registered No.	13
OR		(No. , St.; Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
City				
2 FULL NAME <u>Allora Herod</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH	
Female	Black	married	Aug. 16, 1920	
6 DATE OF BIRTH			17 I HEREBY CERTIFY, That I attended deceased from	
Aug 4, 1873			Aug. 4, 1920, to Aug. 16, 1920,	
7 AGE			that I last saw her alive on Aug. 16, 1920	
46 yrs. 11 mos. 6 ds.			and that death occurred, on the date stated above, at 7 P. M.	
8 OCCUPATION			The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work. House wife			Diabetes mellitus	
(b) General nature of industry, business, or establishment in which employed (or employer)			[Duration] 3 yrs. 57	
9 BIRTHPLACE (State or country)			Contributory [SECONDARY]	
Smith Co Tenn			[Duration] yrs. mos. ds.	
10 NAME OF FATHER			Signed <u>Frank B. Clark</u> M. D.	
Jock Goch			Aug. 17, 1920 Address: Hazdenburg	
11 BIRTHPLACE OF FATHER (State or country)			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
White Co Tenn			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]	
12 MAIDEN NAME OF MOTHER			At place of death yrs. mos. ds. In the State yrs. mos. ds.	
Anna Payne			Where was disease contracted, if not at place of death?	
13 BIRTHPLACE OF MOTHER (State or country)			Former or usual residence.	
Smith Co Tenn			19 PLACE OF BURIAL OR REMOVAL	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			DATE OF BURIAL	
[Informant] <u>Joe Herod</u>			8-17-20	
[Address] <u>Whitelyville Tenn</u>			20 UNDERTAKER	
15 Filed <u>Aug 17, 1920</u> <u>Patt Clark</u>			<u>W C Good</u>	
			ADDRESS <u>Whitelyville</u>	