

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. #4
 OR
 Village
 OR
 City (No. St. Ward)
 STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH
 247
 Registration District No. 44404
 Primary Registration District No.
 File No.
 Registered No. 12
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME One Master A.H.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
 4 COLOR OR RACE white
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
 6 DATE OF BIRTH July 8 1920
 7 AGE 1 mo. 19 ds. If LESS than 1 day. hrs. or min.?
 8 OCCUPATION
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 9 BIRTHPLACE (State or country) Tenn

PARENTS
 10 NAME OF FATHER Jay A.H.
 11 BIRTHPLACE OF FATHER [State or country]
 12 MAIDEN NAME OF MOTHER Ruby Young
 13 BIRTHPLACE OF MOTHER [State or country] Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] George Murray
 [Address] Haydenburg
 15
 Filed 8-20 1920 Pat Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 19 1920
 [Month] [Day] [Year]
 17 I HEREBY CERTIFY, That I attended deceased from August 19 1920 to August 19 1920, that I last saw her alive on August 19 1920 and that death occurred, on the date stated above, at 4 P.M.
 The CAUSE OF DEATH was as follows:
Bronchial Pneumonia
 [Duration] yrs. mos. 5 ds.
 Contributory [SECONDARY] acute gastritis
 [Duration] yrs. mos. 2 ds.
 Signed A. B. Clark M. D.
August 20 1920 Address Haydenburg
 * 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 DATE OF BURIAL
W. B. Jenkins' Grand Id 8-20 1920
 20 UNDERTAKER ADDRESS
R. G. Jenkins Haydenburg