

STATE OF TENNESSEE

255

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 9
or
Village _____
or
City _____ (No. _____ St.; _____ Ward)

Registration District No. 46408
Primary Registration District No. _____

File No. 9
Registered No. 9

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

2 FULL NAME Louceil Loftis

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 6, 1920
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. _____ 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)

Jackson co

10 NAME OF FATHER

John P Loftis

11 BIRTHPLACE OF FATHER (State or country)

Jackson co

12 MAIDEN NAME OF MOTHER

America

13 BIRTHPLACE OF MOTHER (State or country)

Jackson co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sophia Ramsey
(Address) Crookerville R 8

15

Filed Sept 7, 1921 A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Sept 7, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____ 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Birth before full term
is all the midwife
could tell

Contributory _____
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) _____, M. D.

*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

Loftis Cemetery

DATE OF BURIAL

Sept 7, 1921

20 UNDERTAKER

Friends only

ADDRESS

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.