

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. 18
OR
Village _____
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

283

CERTIFICATE OF DEATH

Registration District No. H4H150
Primary Registration District No. _____

File No. 24

Registered No. _____

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

2 FULL NAME Lorna Prial

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct. 10 1920
(Month) (Day) (Year)

7 AGE 23 yrs. mos. ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION None
(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

10 NAME OF FATHER Charles Prial

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Donie H. Insley

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mennie McNew

[Address] Sainsboro Tenn

15 Filed Dec 20 1920 J. M. Carson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 14 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1 1920 to Nov. 3 1920 that I last saw him alive on Nov. 3 1920 and that death occurred, on the date stated above, at 10 P M
The CAUSE OF DEATH* was as follows:

Exsufflatus
[Duration] ____ yrs. ____ mos. ____ ds.

Contributory [SECONDARY] _____ [Duration] ____ yrs. ____ mos. ____ ds.

Signed Dr. R. C. Law M. D.
Dec. 9, 1920 Address Sainsboro Tenn.

* 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 Stafford Tenn. DATE OF BURIAL Nov. 3 1920

20 UNDERTAKER Will Flynn ADDRESS Sainsboro Tenn.