

WRITE PLAIN - 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. 1st
 or Village _____
 or City _____ (No. _____, _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

DD 286

Registration District No. _____ File No. _____
 Primary Registration District No. _____ Registered No. _____

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

2 FULL NAME Nora Cordeur Huffins

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Mar 2, 1884
(Month) (Day) (Year)

7 AGE 36 yrs. 12 mos. 12 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) House Wife

9 BIRTHPLACE (State or country) Tenn

PARENTS
 10 NAME OF FATHER Philip Parable
 11 BIRTHPLACE OF FATHER (State or country) Tenn
 12 MAIDEN NAME OF MOTHER Bittie Parable
 13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Walter Huffins
 (Address) Horseshoeburg

15 Filed 191 Bury Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 14, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 10, 1920, to Mar 14, 1920, that I last saw him alive on Mar 14, 1920, and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH * was as follows:

Typhoid fever

Contributory (secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) F. O. Gamble, M. D.
Mar 26, 1920 (Address) _____

* 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 Huffins Home DATE OF BURIAL Mar 15, 1920
 20 UNDERTAKER Tom Witt ADDRESS _____