STATE OF TENNESSEE
STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

77288

1 PLACE OF DEATH

County Jackson

Civil Dist. 11 or Village or City (No. , St.; Ward)

Registration District No. 44411 File No. 10

Primary Registration District No. 11 Registered No.

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

2 FULL NAME Clio Wade

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 (Month) (Day) (Year)	3 - 8, 1913
7 AGE	7 yrs. 8 mos. 12 ds. If LESS than 1 day, ...hrs. or ...min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work	Schoolgirl
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	Tenn.
PARENTS: 10 NAME OF FATHER	Bob Wade
11 BIRTHPLACE OF FATHER (State or country)	Tenn.
12 MAIDEN NAME OF MOTHER	Nannie Meadows
13 BIRTHPLACE OF MOTHER (State or country)	Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bob Wade

(Address) Granville R#1.

15 Filed 12/8, 1920 L. P. Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 (Month) 30 (Day), 1920 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 15 1920, to Nov. 19, 1920 that I last saw her alive on Nov. 19, 1920, and that death occurred, on the date stated above, at 11 A m.

The CAUSE OF DEATH* was as follows: 179

Accidental Burning ½ of skin burned off.

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) L. P. Andrews, M. D.

11/21, 1920 (Address) Gainesboro R#4

*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 Vinson Cem. DATE OF BURIAL 11/21, 1920

20 UNDERTAKER Gabe Meadows ADDRESS Gainesboro R#3

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Form V. S. No. 4—100M