

STATE OF TENNESSEE

292

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. _____

Primary Registration District No. _____

File No. 18Registered No. 18

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

2 FULL NAME Jewel Christeen 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 Oct 20 1920
(Month) (Day) (Year)7 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. 49 da.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 Jackson co
(State or country)10 NAME OF FATHER Marion Loftis11 BIRTHPLACE OF FATHER Jackson co
(State or country)12 MAIDEN NAME OF MOTHER Nevada Gentry13 BIRTHPLACE OF MOTHER Jackson co
(State or country)14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Marion Loftis
[Address] Cookeville R415 Filed Jan 10 1920 A. M. Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 8 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: no aid. found dead in bed

[Duration] _____ yrs. _____ mos. _____ da.

Contributory [SECONDARY] _____

[Duration] _____ yrs. _____ mos. _____ da.

Signed _____ M. D.

_____ 191____ 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. _____ da. In the State _____ yrs. _____ mos. _____ da.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Hershey cemetery DATE OF BURIAL Dec 10 192020 UNDERTAKER A. M. Ballard ADDRESS _____

N. B. - Every item of information should be carefully supplied. AGE should be stated ACTUALLY. 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.