

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. # 4or
Village _____or
City _____ (No. _____, St.; _____ Ward)Registration District No. 44404

Primary Registration District No. _____

File No. 294Registered No. 1

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

2 FULL NAME Louise Glover

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 Jan. (Month) 28 (Day), 1919 (Year)7 AGE 1 yrs. 11 mos. 13 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) Tenn10 NAME OF FATHER Charlie Glover11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Ersie Ethridge13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R W Glover(Address) Haydenburg Tenn15 Filed Jan 24 21 Patt Clark

REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 15 (Month), 1921 (Year) (Day)17 I HEREBY CERTIFY, That I attended deceased from Jan. 14 1921, to Jan. 15 1921, that I last saw h alive on Jan 15 1921, and that death occurred, on the date stated above, at 10:30 PMThe CAUSE OF DEATH* was as follows:
Accidentally fell into the fire and burned to death
2 1/2 hrs. (Duration) 179 yrs. 7 mos. 9 ds.

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

(Signed) Frank B. Clark M. D.
Jan 24 1921 (Address) Haydenburg

*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 Glover home 48 DATE OF BURIAL 1-26-2120 UNDERTAKER Lou Witt ADDRESS Willetts Tenn

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.