

REARLY RECEIVED FOR BINDING

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

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

County Jackson
Civil Dist. # 3
OR
Village _____
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. 44403
Primary Registration District No. _____

File No. 300
Registered No. 3

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

2 FULL NAME Larrada Davenport

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 Aug. 26, 1847
(Month) (Day) (Year)

7 AGE 73 yrs. 4 mos. 28 da. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION House wife
(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 John Minchey

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Sallie Sneed

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] M. G. Huffner
[Address] Haydenburg Tenn.

15 Filed Jan. 25, 1921 M. H. Dycus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 24, 1921
(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 5:15 M

The CAUSE OF DEATH was as follows:
Died without medical supposed to be pulmonary
ill
[Duration] _____ yrs. _____ mos. _____ da. 75

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

Signed M. H. Dycus L. R. M. D.
Jan. 25, 1921 Address Haydenburg 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. _____ 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 Willette Mason Co. DATE OF BURIAL Jan. 25, 1921

20 UNDERTAKER Wade Lonoko Willette Tenn. ADDRESS _____