

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.

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

1 PLACE OF DEATH  
 County Jackson  
 Civil Dist. 11 Registration District No. 444 11  
 or Village \_\_\_\_\_ Primary Registration District No. 11 File No. 333  
 or \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward) Registered No. 7  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Helen Maurine Pruitt

**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 4 19, 1919  
 (Month) (Day) (Year)

7 AGE 1 yrs. 11 mos. 2 ds. If LESS than 1 day, -----hrs. or -----min.?

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (State or country) Tenn.

PARENTS

10 NAME OF FATHER Joe Pruitt

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Sallie Brown

13 BIRTHPLACE OF MOTHER (State or country) Tenn.

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH 3 21, 1921  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3/11 1921, to 3/21, 1921, that I last saw he alive on 3/21, 1921 and that death occurred, on the date stated above, at 10 a.m.  
 The CAUSE OF DEATH\* was as follows: 1000a  
Branchio Pruvu.

\_\_\_\_\_  
 (Duration) ----- yrs. ----- mos. 10 ds.

Contributory (secondary) \_\_\_\_\_  
 (Duration) ----- yrs. ----- mos. ----- ds.

(Signed) L. L. Henderson, M. D.  
3/22, 1921 (Address) Samburg

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Joe Pruitt  
 (Address) Granville P.H.

15 Filed 5/16, 1921 L. L. Henderson  
 REGISTRAR

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 Funerary Home DATE OF BURIAL 3/22, 1921

20 UNDERTAKER Rob Pruitt ADDRESS Granville