STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 344

Registered No. 6

Registration District No. 44404

Primary Registration District No.

1 PLACE OF DEATH
County Jackson
Civil Dist. 4
OR Village
OR City (No. , St.; Ward)

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

2 FULL NAME Nancy Raines

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: Not Known (Month) (Day) (Year)

7 AGE: 43 yrs. — mos. — ds.
If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): at Home

9 BIRTHPLACE (State or country): Penn

PARENTS
10 NAME OF FATHER: Elige Raines
11 BIRTHPLACE OF FATHER [State or country]: Penn
12 MAIDEN NAME OF MOTHER: Frankie Boyed
13 BIRTHPLACE OF MOTHER [State or country]: East Penn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mose York
[Address] Gohillsprings

15 Filed 4-12-21 Pat Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: April (Month) 12 (Day), 1921 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 10 1920. to April 12, 1921, that I last saw h[illegible] alive on Feb 14, 1921 and that death occurred, on the date stated above, at 8 a M

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
31
[Duration] 2 yrs. mos. ds.

Contributory [SECONDARY] [Duration] yrs. mos. ds.

Signed Frank B Clark, M. D.
4-12, 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: Crabtree Grave yd
DATE OF BURIAL: 4-13 1921

20 UNDERTAKER: J Carter
ADDRESS: Rd 13, Box

Form V. S. No. 4 Printing Department, Tennessee Industrial School

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

MARGIN RESERVED FOR BINDING