

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. 8
OR
Village _____
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. 44408

File No. 356

Primary Registration District No. _____

Registered No. 5

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

2 FULL NAME no name

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 May 17 1921
(Month) (Day) (Year)

7 AGE Still Born If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. ds.

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 (State or country) Jackson co

10 NAME OF FATHER Bedford Jackson

11 BIRTHPLACE OF FATHER [State or country] Jackson co

12 MAIDEN NAME OF MOTHER Sillie Longford

13 BIRTHPLACE OF MOTHER [State or country] Jackson co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Bedford Jackson
[Address] Cookeville 178

15 Filed May 18 1921 A M Ballard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 191____, [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: S

no medical aid in attendance
[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.
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 _____ 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 Dodson Branch DATE OF BURIAL May 18 1921

20 UNDERTAKER Friends ADDRESS _____

MARGIN RESERVED 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.