STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

File No. 8373

Registered No. 8

1 PLACE OF DEATH
County Jackson
Civil Dist. 8
OR
Village
OR
City (No. , St.; Ward)

Registration District No. 44408
Primary Registration District No.

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

2 FULL NAME Tinie Ovia Rector

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F M
4 COLOR OR RACE: white
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Singl

6 DATE OF BIRTH: Jan (Month) 31 (Day) 1898 (Year)

7 AGE: 22 yrs. 6 mos. 8 ds.
If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Jackson Co

PARENTS

10 NAME OF FATHER: Riley D Rector
11 BIRTHPLACE OF FATHER [State or country]: Putnam Co
12 MAIDEN NAME OF MOTHER: Hanie Smith
13 BIRTHPLACE OF MOTHER [State or country]: Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] R D. Rector
[Address] Cookeville Tenn R8

15
Filed 2 Sept. 1924 A. M. Ballard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug [Month] 8 [Day] 1924 [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: 31

Consumption

[Duration] 1 yrs. 6 mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed no medical aid 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 of death 22 yrs. 6 mos. 8 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: Dodsons Branch
DATE OF BURIAL: Aug 11 1924
20 UNDERTAKER: Friends
ADDRESS

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