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.

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Jackson
Civil Dist. 5
or
Village Granville
or
City .... (No. .... , ... St.; .... Ward)

Registration District No. 44405 File No. 381
Primary Registration District No. .... Registered No. 10
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Pempie Duke

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): x

6 DATE OF BIRTH .... (Month) .... (Day) .... 1 .... (Year)

7 AGE 65 yrs. 2 mos. .... ds. If LESS than 1 day, ... hrs. or .... min.?

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

9 BIRTHPLACE (State or country): Smith Co

PARENTS
10 NAME OF FATHER: Sam Russell
11 BIRTHPLACE OF FATHER (State or country): Smith Co
12 MAIDEN NAME OF MOTHER: Jemima Monday
13 BIRTHPLACE OF MOTHER (State or country): Smith Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Will Hughes
(Address) Defeated Tenn

15 Filed 9/10 1921 W. F. Maddux REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sep (Month) 9 (Day) 1921 (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:
Tabes mesenterica
no M. D. for long time
(Duration) .... yrs. .... mos. .... ds.

Contributory (SECONDARY) ....
(Duration) 1 yrs. .... mos. .... ds.

33

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 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: Defeated R-1 DATE OF BURIAL: Sep 10 1921

20 UNDERTAKER: Williamson Bros ADDRESS: Granville

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