STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

51

File No. 394

Registered No.

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

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.

1 PLACE OF DEATH

County Jackson

Civil Dist. 14

OR Village

OR City (No. , St.; Ward)

Registration District No. 44414

Primary Registration District No. 14

2 FULL NAME Minnie Franklin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): M

6 DATE OF BIRTH: Oct (Month) (Day) 1911 (Year)

7 AGE: 10 yrs. 4 mos. ds.

If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country): Tenn

PARENTS

10 NAME OF FATHER: Bud. Franklin

11 BIRTHPLACE OF FATHER [State or country]: Tenn

12 MAIDEN NAME OF MOTHER: Ruby Dotte

13 BIRTHPLACE OF MOTHER [State or country]: Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Ina Dyer

[Address] Dyersburg

15

Filed , 191 Berry Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1921, to Oct 3, 1921, that I last saw h[illegible] alive on Oct 3, 1921 and that death occurred, on the date stated above, at 11 A.M.

The CAUSE OF DEATH* was as follows:

Typhoid & Pneumonia

a

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed F. D. Cannon M. D.

, 191 Address Gamaliel Ky

* 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: Murphy Cem

DATE OF BURIAL: Oct 13 1921

20 UNDERTAKER: Luther Walker

ADDRESS: Dyersburg Tenn

Form V. S. No. 4—20M. Tennessee Industrial School Print.