

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. 18
 Village _____
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44415
 Primary Registration District No. _____

File No. 12-412

Registered No. _____

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

2 FULL NAME Josephine Loftis

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ : _____ : _____
 (Month) (Day) (Year)

7 AGE 73 yrs. _____ 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) Tennessee

10 NAME OF FATHER Paul Anderson

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Lusie Johnson

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Amelia Gentry
 (Address) Sainesboro Tenn.

15 Filed Nov 12 1924 Mrs. T. M. Cason REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 11, 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1924, to Nov. 11, 1924, that I last saw her alive on Nov. 11, 1924, and that death occurred, on the date stated above, at 7 A.M.
 The CAUSE OF DEATH* was as follows: 123

Rupture of Gallbladder

Suppurating (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Cancer (Duration) _____ yrs. _____ mos. _____ ds.

Signed E. C. Reeves M. D.

Jan. 2, 1924 Address Sainesboro Tenn.

* 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 Hall Cem. DATE OF BURIAL Nov. 12 1924

20 UNDERTAKER Laborn Gentry ADDRESS Sainesboro Tenn.