

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
Primary Registration District No. _____

File No. 422
Registered No. 17

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

2 FULL NAME

Clara Lambert

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 15 1920
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Jackson Co

10 NAME OF FATHER Hardin Lambert

11 BIRTHPLACE OF FATHER (State or country) Jackson Co.

12 MAIDEN NAME OF MOTHER Burgess

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Hardin Lambert

[Address] Granville

15 File Dec 17 21 W F Maddy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 15 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 1921 to Dec 15, 1921, that I last saw her alive on Dec 15, 1921

and that death occurred, on the date stated above, at 7 A M

The CAUSE OF DEATH* was as follows: Tuberculosis 31

[Duration] _____ yrs. _____ mos. _____ ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.

Signed L. M. Freeman M. D.
Dec 17, 1921 Address Granville

* 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 Granville R. 1 DATE OF BURIAL Dec 16 1921

20 UNDERTAKER Williamson Bros ADDRESS Granville

MARGIN RESERVED FOR BINL
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.