

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

File No. 426

Registered No. 10

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

### 1 PLACE OF DEATH

County Jackson  
Civil Dist. 4th  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_

Registration District No. 44404  
Primary Registration District No. \_\_\_\_\_

(No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

### 2 FULL NAME

Hazel Brown Long

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(Write the word)  
6 DATE OF BIRTH Dec 19 1921  
(Month) (Day) (Year)  
7 AGE \_\_\_\_\_  
yrs. mos. 9 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

### 8 OCCUPATION

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

### 9 BIRTHPLACE

(State or country) Tenn

### 10 NAME OF FATHER

Bennett Long

### 11 BIRTHPLACE OF FATHER

(State or country) Tenn

### 12 MAIDEN NAME OF MOTHER

Ora Drape

### 13 BIRTHPLACE OF MOTHER

(State or country) Tenn

PARENTS

### 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Bennett Long  
[Address] Whitleyville

### 15

Filed Dec 29 21 by Pat Clark REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 28 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 22 1921 to Dec 27 1921, that I last saw her alive on Dec 27 1921

and that death occurred, on the date stated above, at 2 A M  
The CAUSE OF DEATH\* was as follows:  
Marasmus 160

Contributory Heart disease & retained  
[SECONDARY] fluid in lungs (Duration) 2 1/2 yrs. 0 mos. 0 ds.  
Signed Frank B. Clark M. D.  
Dec 28 1921 Address Haydenburg

\* 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 Shedders Grove Yard DATE OF BURIAL 12-29 1921

20 UNDERTAKER B. P. Clark (act) ADDRESS Whitleyville

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.