

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. 5
 OR
 Village Granville
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44405
 Primary Registration District No. _____

File No. 308

Registered No. _____

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

2 FULL NAME Elsie Woodard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____
 6 DATE OF BIRTH _____ 1920
 (Month) (Day) (Year)

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

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) Jackson Co

PARENTS
 10 NAME OF FATHER Leomp Woodard
 11 BIRTHPLACE OF FATHER (State or country) Jackson Co
 12 MAIDEN NAME OF MOTHER Bertha Barnett
 13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Robt Woodard
 [Address] Depeats Rd 1

15 Filed 2/10 1922 W F Woodard
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 9 1922
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 7 1922 to Feb 9 1922

that I last saw her alive on Feb 9 1922

and that death occurred, on the date stated above, at 8 AM

The CAUSE OF DEATH* was as follows:
Broncho pneumonia

[Duration] yrs. mos. 4 ds.

Contributory [SECONDARY] _____

[Duration] yrs. mos. ds.

Signed L M Freeman M. D.
2/10 1922 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 Corinth DATE OF BURIAL 2/10 1922

20 UNDERTAKER Wellsouson ADDRESS Granville