

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. #4
 or
 Village _____
 or
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44404
 Primary Registration District No. _____

File No. 310
 Registered No. 4

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

2 FULL NAME Byrd Hookum

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 Aug 25, 1875
(Month) (Day) (Year)

7 AGE 46 yrs. 5 mos. 25 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Housewife
 (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 Pate Hix

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Elizabeth Drake

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Belva Long
 (Address) Whitleyville

15 Filed 3-10-22 1922 Pat Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 20, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 31 1922, to Feb 20, 1922, that I last saw her alive on Feb 20, 1922, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

2 (Duration) yrs. mos. ds.
 Contributory (SECONDARY) _____
 (Signed) W H Stone M.D.
2-10-22 (Address) Red Bank Spg

*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 Glover Grove Rd DATE OF BURIAL 2-21-22, 1922

20 UNDERTAKER Lon Witt ADDRESS Willette