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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. No 2
 OR
 Village Haydenburg
 OR
 City R. 2 (No. _____, St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. H 4402
 Primary Registration District No. 2

File No. 335
 Registered No. 3

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

2 FULL NAME Paresetta Robinson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 1, 1860
(Month) (Day) (Year)

7 AGE 61 yrs. 8 mos. 2 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Haydenburg R. 2
 (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 Tenn.

10 NAME OF FATHER Samuel Sloan

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

12 MAIDEN NAME OF MOTHER Jane Ray

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____
 [Address] _____

15 Filed April 3, 1922 George M. Gandy REGISTRAR
J. W. McVie

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 2, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1922 to April 2, 1922, that I last saw her alive on April 2, 1922

and that death occurred, on the date stated above, at 8 P. M.
 The CAUSE OF DEATH* was as follows: Pneumonia

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

Signed C. B. Reeves M. D.
4/5-1922 Address Hainesboro

* 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 Jones Grave yard DATE OF BURIAL 4-3-1922

20 UNDERTAKER J. W. McVie ADDRESS Haydenburg R. 2