STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

338

1 PLACE OF DEATH

County Jackson
Civil Dist. No 2
OR
Village Huydenburg
OR
City R 2 (No. , St.; Ward)

Registration District No. 44402
Primary Registration District No. 2
File No. 4
Registered No. 4
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lucinda Parkins

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.*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widow

6 DATE OF BIRTH: 10 (Month) 12 (Day) 1838 (Year)

7 AGE: 84 yrs. 6 mos. 10 ds.
If LESS than 1 day, ... hrs. or ..... min.?

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

9 BIRTHPLACE (State or country): Jackson Co Tenn

PARENTS

10 NAME OF FATHER: John Creighead
11 BIRTHPLACE OF FATHER [State or country]: Tenn
12 MAIDEN NAME OF MOTHER: Betsey Kennedy
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 4/11 1922 191 Alonzo McCawley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 4 (Month) 10 (Day) 1922 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..... 191..., to ..... , 191...,
that I last saw h... alive on ....., 191...
and that death occurred, on the date stated above, at ..... M
The CAUSE OF DEATH* was as follows:
Old age & Lung Trouble
as there was no Dr
at all.

264

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

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

Signed No medical aide M. D.
....., 191... Address .....

* 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: Young Grave yard
DATE OF BURIAL: April 11 1922 191
20 UNDERTAKER: W H Carden acd
ADDRESS: Huydenburg R2

Form V. S. No. 4 20M. Tennessee Industrial School Print.