

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 JacksonCivil Dist. No. 8OR
Village _____OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF DEATH

348

Registration District No. _____

File No. 0Primary Registration District No. 44418

Registered No. _____

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

2 FULL NAME Lelie Buck

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 _____
(Month) (Day) (Year)7 AGE 9 yrs. 0 mos. 0 ds. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION School girl
(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) Tennessee10 NAME OF FATHER Bedford Buck11 BIRTHPLACE OF FATHER [State or country] Tennessee12 MAIDEN NAME OF MOTHER Mattie Odom13 BIRTHPLACE OF MOTHER [State or country] Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Bedford Buck[Address] Jamesboro, Tenn.15 Filed June 22 Mr. J. M. Busan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 15, 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 9, 1922, to May 15, 1922, that I last saw her alive on May 15, 1922, and that death occurred, on the date stated above, at 2 P. M.
The CAUSE OF DEATH was as follows:
Trail fracture of foot, followed by infection & gas gangrene
(Duration) _____ yrs. _____ mos. 6 ds.Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.Signed R. C. Gray M. D.
June 5, 1922 Address Jamesboro, Tenn.

* 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 Mount Hill Grange DATE OF BURIAL May 6, 192220 UNDERTAKER None ADDRESS _____