

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

N. B.—Every item of information should be carefully supplied. A.C.E. 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. 12
 or Village Wig Exp
 or City _____ (No. _____, St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. 9360
 Registered No. 9

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

2 FULL NAME L. J. Harrington

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Feb 14, 1858
(Month) (Day) (Year)

7 AGE 69 yrs. 4 mos. 11 ds. If LESS than 1 day, ____ hrs. or ____ min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work House Keeping
 (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 Dale Ostermer

11 BIRTHPLACE OF FATHER (State or country) Ala

12 MAIDEN NAME OF MOTHER Fugway

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) L. J. Harrington
 (Address) Bloomington Springs

15 Filed June 26, 1922 by A. B. Billingsley
Gainesboro Tenn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 25, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 20 1922, to June 24, 1922, that I last saw her alive on June 24, 1922, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH * was as follows:
Paralysis
 (Duration) ____ yrs. ____ mos. 8 ds.

Contributory (SECONDARY) _____
 (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) L. R. Anderson, M. D.
June 24, 1922 (Address) Gainesboro Tenn R. 1

*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 Fugway Cemetery DATE OF BURIAL June 25, 1922

20 UNDERTAKER D. M. Platt ADDRESS Bloomington Tenn
R. 1