

MARGIN RESERVED FOR BINDING

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. No 2
OR
Village Hydenburg
OR
City _____ (No. _____, St.: _____ Ward _____)

Registration District No. 44402
Primary Registration District No. No 2

391
File No. 9
Registered No. 9

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

2 FULL NAME Mrs Oda Parkin

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 Oct 4 1952
(Month) (Day) (Year)

7 AGE 70 yrs. mos. 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

10 NAME OF FATHER Phillip Ray

11 BIRTHPLACE OF FATHER [State or country] Tenn.

12 MAIDEN NAME OF MOTHER Graves

13 BIRTHPLACE OF MOTHER [State or country] Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] _____
[Address] _____

15 _____

Filed 4th 1922 Alonzo McCall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 4 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191 _____ to Oct 1 1922 that I last saw had alive on 1st day Oct 191 and that death occurred, on the date stated above, at AM
The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
[Duration] yrs. mos. ds.

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

Signed R. C. Graw M. D.
Oct 4 1922 Address Gainesboro 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 Forkum Road yard Oct 6 1922 DATE OF BURIAL

20 UNDERTAKER J. A. Richmond Gainesboro ADDRESS

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.