

MARGIN RESERVED FOR BINDING

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. first
OR
Village Gainesboro
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 441
Primary Registration District No. 44401

3
404

File No. 7
Registered No. _____

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

2 FULL NAME Luther Lollis

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 _____ 1 _____
(Month) (Day) (Year)

7 AGE about 53 If LESS than 1 day, _____ hrs. or _____ min.?
yrs. mos. ds.

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

9 BIRTHPLACE Jackson Co
(State or country)

10 NAME OF FATHER Tom Lollis

11 BIRTHPLACE OF FATHER Tenn
[State or country]

12 MAIDEN NAME OF MOTHER manda night

13 BIRTHPLACE OF MOTHER Kentucky
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Walter Smith
[Address] Gainesboro

15 Filed Apr 22 1912 M. H. Little
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov first 1912
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 2 miles 1912 to home of Lollis that I last saw him live on a hill at two and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:
Pleurisy and Tuberculosis
[Duration] yrs. mos. ds.

Contributory [SECONDARY] _____ [Duration] yrs. mos. ds.
Signed Chas. R. Dumas M. D.
1912 Address Gainesboro

* 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 Grubstate DATE OF BURIAL Nov 2 1912
ADDRESS _____

20 UNDERTAKER _____