

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 Co.
Civil Dist. 5
OR
Village Granville
OR
City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44405
Primary Registration District No. _____

File No. 414
Registered No. 29

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

2 FULL NAME Lillie Russell

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH X (Month) X (Day) 1918 (Year)

7 AGE 4 yrs. Y mos. Y ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Jackson Co.

10 NAME OF FATHER Byron Russell

11 BIRTHPLACE OF FATHER (State or country) Macon Co.

12 MAIDEN NAME OF MOTHER Sally Maynard

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____

(Address) _____

15 Filed 12-1-22 W F Maddox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 27, 1922
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 22, 1922, to Nov 26, 1922, that I last saw her alive on Nov 26, 1922, and that death occurred, on the date stated above, at 3 a M

The CAUSE OF DEATH* was as follows:
Burned to death

Trees Caught from [Duration] yrs. mos. & ds. 179

Contributory fire [Duration] yrs. mos. ds.

Signed L M Freeman M. D. 12-1-22 Address Granville

* 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 Granville DATE OF BURIAL 11-28-22

20 UNDERTAKER Williamson Bros ADDRESS Granville