

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. No 2  
OR  
Village Hainesboro  
OR  
City R4 (No. , St.: Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF DEATH

416

Registration District No. 44402  
Primary Registration District No. 2

File No. 10

Registered No. 44402

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

2 FULL NAME Percy Craighuel

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 4 1 1923  
(Month) (Day) (Year)

7 AGE 49 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 Davis Ray

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER McBawley

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

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

[Address]

15 Filed Dec 10 1922 Alougo McBawley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 1 1922  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Nov 10 1922 to Nov 27 1922, that I last saw her alive on Dec 29 1922 and that death occurred, on the date stated above, at 4 PM

The CAUSE OF DEATH\* was as follows:

Pneumonia Ha  
[Duration] yrs. mos. ds.

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

Signed Charles E Reeves M. D.  
Dec 1 1922 Address Hainesboro

\* 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 Wm Dennis DATE OF BURIAL Dec 2 1922

20 UNDERTAKER Craighuel Hainesboro ADDRESS Hainesboro