

## STATE OF TENNESSEE

360

STATE BOARD OF HEALTH

Bureau of Vital Statistics

## CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County JacksonCivil Dist. # 3

OR

Village \_\_\_\_\_

OR

City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. 44403

Primary Registration District No. \_\_\_\_\_

File No. 2Registered No. 2

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

2 FULL NAME Geneva Grace Howell

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH Sept. 13, 1924  
(Month) (Day) (Year)7 AGE 1 yrs. 3 mos. 22 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER Sanders Howell11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Mary Gentry13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mary Howell[Address] Difficult Tenn.

15

Filed Jan. 15, 1924 M. H. Dyess REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 13, 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1924, to Jan. 12, 1924, that I last saw her alive on Jan. 13, 1924, and that death occurred, on the date stated above, at \_\_\_\_\_ M.  
The CAUSE OF DEATH\* was as follows: 101a  
Lobar Pneumonia

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory [SECONDARY] \_\_\_\_\_ [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed W. H. Stone, M. D.Jan. 14, 1924 Address Gambro 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 Dist. Jackson county DATE OF BURIAL Jan. 15, 192420 UNDERTAKER N. D. Harkness ADDRESS Difficult Tenn.

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.