

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. 12
 OR
 Village Mayfield
 OR
 City _____ (No. _____ St.; _____ Ward _____)

STATE OF TENNESSEE

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

363

CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. one

Registered No. one

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

2 FULL NAME Lovey J. Robinson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1893
(Month) (Day) (Year)

7 AGE about 33 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE Putnam Co Tenn
(State or country)

10 NAME OF FATHER Dillin McBroon

11 BIRTHPLACE OF FATHER Putnam Co Tenn
[State or country]

12 MAIDEN NAME OF MOTHER Purkins

13 BIRTHPLACE OF MOTHER Putnam Co Tenn
[State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Estie Lee Fox
Gambelboro Tenn R #3
 [Address]

15 Filed Feb 5 1924 Jno B Billingsley
 REGISTRAR
Gambelboro Tenn R #3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 28 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 25 1924 to 27, 1924, that I last saw him alive on Jan 27, 1924, and that death occurred, on the date stated above, at 8 A M
 The CAUSE OF DEATH was as follows:

Measels followed by Pneumonia
 [Duration] yrs. mos. ds. 3

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

Signed J Mac Wheeler M. D.
Feb 5 1924 Address Baxter 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 Pippin cemetery DATE OF BURIAL Jan 29 1924

20 UNDERTAKER W. C. Pippin ADDRESS Mayfield Tenn