

STATE OF TENNESSEE 375

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 11

Village _____

City _____ (No. _____ St.; _____ Ward)

Registration District No. 444 11Primary Registration District No. 11

File No. _____

Registered No. 4

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

2 FULL NAME Lara Ann Meadows

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 1 2 1886
(Month) (Day) (Year)7 AGE 38 yrs. 1 mos. 8 da. If LESS than 1 day, _____ hrs. or _____ min.?8 OCCUPATION Housewife
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).9 BIRTHPLACE Tenn.
(State or country)10 NAME OF FATHER Nathan Haile11 BIRTHPLACE OF FATHER Tenn.
(State or country)12 MAIDEN NAME OF MOTHER Lara Ann Haile13 BIRTHPLACE OF MOTHER Tenn.
(State or country)14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
B. H. Meadows
[Informant] Granville R. 1.
[Address]15 Filed 3/10 1924 L. R. Anderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 10 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 9 1924, to Feb 10, 1924, that I last saw her alive on Feb 10, 1924 and that death occurred, on the date stated above, at 2 P M

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia10003

[Duration] yrs. mos. da.

Contributory [SECONDARY] _____

Signed L. R. Anderson M. D.2/12 1924 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 Ferguson Cem DATE OF BURIAL 2/10 192420 UNDERTAKER J. Ferguson ADDRESS GranvilleDO NOT TEAR OUT
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.