

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

3  
385  
1

### 1 PLACE OF DEATH

County Jackson

Civil Dist. 12

OR Village Bloomington Springs

OR City

Registration District No. 44412

Primary Registration District No. 12

File No. 6

Registered No. 6

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

2 FULL NAME Letha J. Brewington

### 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 Dec 24, 1863  
(Month) (Day) (Year)

7 AGE 60 yrs. 2 mos. 2 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

8 OCCUPATION Retired 7 years  
(a) Trade, profession, or particular kind of work. House Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Jackson Co Tenn  
(State or country)

10 NAME OF FATHER W. D. Platt

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

12 MAIDEN NAME OF MOTHER Sallie Malone

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] J. H. Coomer  
Bloomington Springs Tenn R # 1  
[Address]

15 Filed Feb 29, 1924 Jno B Billingsley  
REGISTRAR Gambelboro Tenn R # 1

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 24, 1924  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from June 1918 to Feb, 1924, that I last saw her alive on Feb 22, 1924, and that death occurred, on the date stated above, at 3 A M. The CAUSE OF DEATH\* was as follows: 45

Sarcina cancer  
descending colon  
[Duration] 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

Signed L R Anderson M. D.  
Feb 29, 1924 Gambelboro Tenn R # 1  
Address \_\_\_\_\_

\* 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 Platt's cemetery DATE OF BURIAL Feb 25, 1924

20 UNDERTAKER Dave McNabb Gambelboro Tenn  
R # 1

MARGIN RESERVED FOR BINDING - THIS IS A PERMANENT RECORD - WRITE PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD - 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.