

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. #12  
OR  
Village \_\_\_\_\_  
OR  
City Bloomington (No. 12 St. R#1 Ward)Registration District No. 44412File No. 8Primary Registration District No. 12Registered No. 8

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

2 FULL NAME Patience M Jackson

## 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 Dec 29 1872  
(Month) (Day) (Year)7 AGE 51 yrs. 2 mos. 21 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?8 OCCUPATION House wife  
(a) Trade, profession, or particular kind of work.  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Jackson Co Tenn10 NAME OF FATHER Lark Johnson11 BIRTHPLACE OF FATHER [State or country] Jackson Co Tenn12 MAIDEN NAME OF MOTHER F. Woulbright13 BIRTHPLACE OF MOTHER [State or country] Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] M V Johnson[Address] Bloomington Tenn

15

Filed 3-20 1924 J. O. B. Billingsley  
Lawrence REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 20 1924  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Feb 14 1924 to Mar 20 1924 that I last saw her alive on Mar 11 1924 and that death occurred, on the date stated above, at 12 hrs

The CAUSE OF DEATH\* was as follows:

Bronchitis Pneumonia100%

[Duration] yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_

[Duration] yrs. mos. ds.

Signed J. M. WheelerMar 20 1924 Address Bloomington 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 DATE OF BURIAL

Jackson Cemetery 3-21- yrs.

20 UNDERTAKER ADDRESS

Blk Smith Bloomington

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DO NOT TEAR OUT

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.