

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. First
 OR
 Village Gainesboro
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE 893

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 441
 Primary Registration District No. 44401

File No. 7
 Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Frances Apulock

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 25 1924
 (Month) (Day) (Year)

7 AGE _____ H LESS than 1 day, _____ hrs. or _____ min.?
 yrs. mos. ds.

8 OCCUPATION
 (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

10 NAME OF FATHER Ray Bushman Apulock

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

12 MAIDEN NAME OF MOTHER Nannie Ahlmy Brown

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] _____
 [Address] _____

15 Filed Apr 9 1924 Mrs M. H. Hutt
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 20 1924
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from March 25 1924 to March 29 1924, that I last saw him alive on March 29 1924 and that death occurred, on the date stated above, at 10 PM

The CAUSE OF DEATH* was as follows:
Pneumonia and malaria
 [Duration] yrs. mos. ds.

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

Signed Chas E Rivers M. D.
Apr 9 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 Pharis Cemetery DATE OF BURIAL March 21 1924

20 UNDERTAKER Graber & Drake ADDRESS Gainesboro