

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. No 8-

Village _____

City _____

Registration District No. 44209

Primary Registration District No. _____

File No. 5

Registered No. _____

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

2 FULL NAME Mrs. Lallie Hall

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female4 COLOR OR RACE W5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH _____

7 AGE 81 yrs. _____ mos. _____ ds.

If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work House-wife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Grand Bailey11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Marie Parish13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____

[Address] _____

15

Filed Apr 24 1924 mor 4 m E. W. E. W. E. W.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 31 1924

[Month]

[Day]

[Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 1911 to _____ 1911

that I last saw him alive on _____ 1911

and that death occurred, on the date stated above, at _____ M

The CAUSE OF DEATH* was as follows:

Causes of gall-bladder44

Contributory [SECONDARY] _____

[Duration] yrs. mos. ds.

Signed _____

[Duration] yrs. mos. ds.

_____, 1911 Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, 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?

- Farmer or usual residence _____

19 PLACE OF BURIAL OR REMOVAL hall cemeteryDATE OF BURIAL Apr 2420 UNDERTAKER none

ADDRESS _____

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