

WRITE PLAINLY, 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. 1

OR  
Village Gainesboro

OR  
City

Registration District No. 441

Primary Registration District No. 44401

(No. , St.; Ward)

399

File No. 8

Registered No. [redacted]

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

2 FULL NAME Cornel Dudley

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 11 1923  
(Month) (Day) (Year)

7 AGE [blank] If LESS than 1 day, ..... hrs. or ..... min.?  
yrs. mos. ds.

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Impairt  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Low State Jackson Co

10 NAME OF FATHER William Dudley

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

12 MAIDEN NAME OF MOTHER Lenna Ruth

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] ma Ruth

[Address] Gainesboro

15 Filed May 9 1924 ma Ruth REGISTRAR

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 3 1924  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from that I saw 1924 to the baby, 1924 that I last saw h..... alive on Nov 3, 192..... and that death occurred, on the date stated above, at..... M The CAUSE OF DEATH\* was as follows:

Stomach Pileus  
Cholera Infantum  
[Duration] ..... yrs. .... mos. .... ds.

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

Signed Henry P. Loftis M. D.  
192..... 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? Long Beach California  
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Low State DATE OF BURIAL Nov 4 1924

20 UNDERTAKER Draper and Draper ADDRESS Gainesboro