

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JacksonCivil Dist. 4

Village _____

City _____

Registration District No. _____

Primary Registration District No. 442

(No. _____ St.; _____ Ward)

File No. _____

Registered No. 4

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

2 FULL NAME Leary Allen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH March 20 1924
(Month) (Day) (Year)

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

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) Gainesboro Tenn10 NAME OF FATHER Ed Allen11 BIRTHPLACE OF FATHER (State or country) Gainesboro Tenn12 MAIDEN NAME OF MOTHER Ruby Coffey13 BIRTHPLACE OF MOTHER (State or country) Gainesboro

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Ed Allen[Address] Gainesboro

15

Filed June 3 1924 A J Pharis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 4 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from _____ 192____ to _____ 192____
that I last saw him alive on _____ 192____

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

The CAUSE OF DEATH* was as follows:
There was no medical aid in attendance
C 205
[Duration] _____ yrs. _____ mos. _____ ds.Contributory [SECONDARY] _____
[Duration] _____ yrs. _____ mos. _____ ds.Signed A J Pharis Reg M D
_____ 192____ 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 Scott County DATE OF BURIAL May 5 1924
20 UNDERTAKER Jacob Scott ADDRESS Gainesboro

DO NOT TEAR OUT

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.