

WRITE PLAINLY, IN 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 424

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

Registration District No. 441  
 Primary Registration District No. 4440

File No. 14  
 Registered No. \_\_\_\_\_

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

2 FULL NAME Cora Lu Stafford

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 \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7 AGE 2 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) first dist Jackson Co

10 NAME OF FATHER Henry Stafford

11 BIRTHPLACE OF FATHER (State or country) Jackson Co

12 MAIDEN NAME OF MOTHER Marris Rusk

13 BIRTHPLACE OF MOTHER (State or country) first dist Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] Henry Stafford

[Address] Gainesboro R 2

15 Filed July 9 1924 Mr M H Little

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 6 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 \_\_\_\_\_  
 The CAUSE OF DEATH\* was as follows:  
Pneumonia

[Duration] yrs. mos. ds.

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

Signed Chas E. Rusk M. D.  
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 June 7 1924  
 20 UNDERTAKER None ADDRESS \_\_\_\_\_