

## STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

430

## CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County JacksonCivil Dist. # 4or  
Village \_\_\_\_\_or  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 44404

File No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. 8

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

2 FULL NAME Ruby Clark

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Married6 DATE OF BIRTH Nov 9 1887  
(Month) (Day) (Year)7 AGE 36 yrs. 7 mos. 21 ds.  
If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Gen-House Keep  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn10 NAME OF FATHER Thomas J Meadows11 BIRTHPLACE OF FATHER (State or country) Tenn12 MAIDEN NAME OF MOTHER Hana Sudney13 BIRTHPLACE OF MOTHER (State or country) Tenn

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jona Raggio  
(Address) Gainsboro Tenn15 File July 1 1924 Patt Clark

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 30 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 25 1924, to June 30 1924, that I last saw her alive on June 20 1924, and that death occurred, on the date stated above, at 9:30 p.m.The CAUSE OF DEATH\* was as follows:  
Relaps Typhoid Fever  
1aContributory Acute nephritis & uremia  
(duration) 2 mos.  
(duration) 3 mos.(Signed) F. B. Clark, M. D.  
July 1 1924 (Address) Red Springs Tenn

\*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 Haydenburg Tenn19 PLACE OF BURIAL OR REMOVAL Free State DATE OF BURIAL July 1 192420 UNDERTAKER Droper & Droper ADDRESS GainsboroMARGIN 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.