

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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 12
 or Village Mayfield
 or City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE 436

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. 14
 Registered No. 14

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

2 FULL NAME Letha Pippin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 28 1902
 (Month) (Day) (Year)

7 AGE 22 yrs. 1 mo. 6 ds. H LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE Jackson Co Tenn
 (State or country)

10 NAME OF FATHER R E Edmond

11 BIRTHPLACE OF FATHER Jackson Co Tenn
 [State or country]

12 MAIDEN NAME OF MOTHER Martha S Jackson

13 BIRTHPLACE OF MOTHER Jackson Co Tenn
 [State or country]

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
M A Young
 [Informant] Blossington Springs Tenn R 1
 [Address]

15 Filed July 30 1924 Jas B Billingsley
Gainesboro Tenn R 8
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 28 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 5 1924 to July 27 1924
 that I last saw her alive on July 27 1924
 and that death occurred, on the date stated above, at 3 P M
 The CAUSE OF DEATH* was as follows:

Dysphoid followed by Bronchial Pneumonia 1a
 [Duration] yrs. mos. 22 ds.

Contributory [SECONDARY] _____
 [Duration] yrs. mos. ds. _____
 Signed L R Anderson M. D.
July 30 1924 Gainesboro Tenn R 4
 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 Gratt Cemetery DATE OF BURIAL July 29 1924

20 UNDERTAKER Wade Medicine Gainesboro Tenn
 ADDRESS _____