

MARGIN 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.

1 PLACE OF DEATH

County Jackson
 Civil Dist. 12
 OR
 Village Leanny
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE

437

STATE BOARD OF HEALTH
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

Registration District No. 44412
 Primary Registration District No. 12

File No. 12
 Registered No. 12

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

2 FULL NAME Olerle Hudelston

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH July 19, 1924
 (Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 9 ds. If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION Name
 (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) Jackson Co Tenn

10 NAME OF FATHER Robert Hudelston

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

12 MAIDEN NAME OF MOTHER Anna Belle Shatt

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Mrs Ben Hudelston
Shoosington Spang Lane R#1
 [Address]

15 Filed July 29, 1924 Geo B. Bittagley
Shoosington Lane R#1 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 20, 1924 to July 20, 1924 that I last saw her alive on July 20, 1924 and that death occurred, on the date stated above, at 3 P M
 The CAUSE OF DEATH* was as follows: 161a
not a full term birth

[Duration] _____ yrs. _____ mos. 9 ds.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mos. _____ ds.
 Signed L R Anderson M. D.
July 30, 1924 Address Shoosington Lane R#1

* 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 Shatt's Cemetery DATE OF BURIAL July 29, 1924
 20 UNDERTAKER W D Medkin Gaudard Lane R#1 ADDRESS _____