

# STATE OF TENNESSEE

450

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 14  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 44414  
Primary Registration District No. 14

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

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

2 FULL NAME Lurvenia Cook

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) 7  
6 DATE OF BIRTH Not known (Month) about (Day) 18 (Year) XX

7 AGE about 80 yrs. mos. da. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Tenn

10 NAME OF FATHER John Dixon

11 BIRTHPLACE OF FATHER (State or country) K.Y.

12 MAIDEN NAME OF MOTHER Dont Know

13 BIRTHPLACE OF MOTHER (State or country) Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] Vester Cook  
[Address] Collins Tenn

15 Filed Oct 15 1924 Bessy Ray

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 12 1924  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1924 to \_\_\_\_\_ 1924  
that I last saw him alive on \_\_\_\_\_ 1924  
and that death occurred, on the date stated above, at \_\_\_\_\_  
The CAUSE OF DEATH\* was as follows:

Appalety Dr Bowen  
said that was what kill this  
old lady [Duration] yrs. mos. da.

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

Signed \_\_\_\_\_

1924 Address \_\_\_\_\_

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]  
At place of death yrs. mos. da. In the State yrs. mos. da.  
Where was disease contracted, if not at place of death?  
Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL Mulvan of Centry DATE OF BURIAL 1-12

20 UNDERTAKER Meron Russell ADDRESS District

MARGIN RESERVED FOR BINDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 WRITE PLAINLY. 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.