

## STATE OF TENNESSEE 453

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. 11  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)Registration District No. 444 11

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

Primary Registration District No. 11Registered No. 9

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

2 FULL NAME Lucinda Jones

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
(Write the word)6 DATE OF BIRTH 1 2 1832  
(Month) (Day) (Year)7 AGE 92 yrs. 8 mos. 15 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work. Housewife or Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tenn.10 NAME OF FATHER William Billingsley11 BIRTHPLACE OF FATHER (State or country) Tenn.12 MAIDEN NAME OF MOTHER Mennois Brown13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Doc Jones[Address] Gainesboro R. 315 Filed 10/10 1924 L. R. Anderson  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 17 1924  
[Month] [Day] [Year]17 I HEREBY CERTIFY, That I attended deceased from Oct 10 1923 to 9/15 1924that I last saw her alive on 9/15 1924and that death occurred, on the date stated above, at 4 1/2 MThe CAUSE OF DEATH\* was as follows: Mitral Regurgitation 90[Duration] 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory [SECONDARY] Broncho Pneum.

[Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed L. R. Anderson M. D.9/18 1924 Address 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 New Salem Cem. DATE OF BURIAL 9/18 192420 UNDERTAKER Johnson Furlock ADDRESS GainesboroDO NOT TEAR OUT  
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.