

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

STATE OF TENNESSEE

454

County Jackson
 Civil Dist. # 3
 OR
 Village _____
 OR
 City _____ (No. _____, St. _____, Ward _____)

STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44403
 Primary Registration District No. _____

File No. 4
 Registered No. 4

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

2 FULL NAME Dora Vivian Gardner

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug. 17 1909
 (Month) (Day) (Year)

7 AGE 15 yrs. 1 mo. 1 da.
 If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Home Tel. operator
 (b) General nature of industry, business, or establishment in which employed (or employer) 674

9 BIRTHPLACE (State or country) Tenn.

PARENTS
 10 NAME OF FATHER J. T. Gardner
 11 BIRTHPLACE OF FATHER (State or country) Tenn.
 12 MAIDEN NAME OF MOTHER Maggie Kearney
 13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] J. T. Gardner
 [Address] Duffield Tenn.

15 Filed Sept. 15, 1924 M. H. Dycus
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 15 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1 1924 to Sept. 14, 1924 that I last saw her alive on Sept. 15, 1924 and that death occurred, on the date stated above, at 4 a. m.

The CAUSE OF DEATH* was as follows:
Tuberculosis of lungs
 [Duration] _____ yrs. _____ mo. _____ da.

Contributory [SECONDARY] _____ [Duration] _____ yrs. _____ mo. _____ da.

Signed C. G. Robinson M. D.
Sept. 15, 1924 Address Duffield 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. _____ mo. _____ da. In the State _____ yrs. _____ mo. _____ da.
 Where was disease contracted, if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL bank ground DATE OF BURIAL Sept. 20

20 UNDERTAKER W. H. Willette ADDRESS _____