

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Jackson
Civil Dist. 8
OR
Village _____
OR
City _____ (No. _____, St.; _____ Ward)

Registration District No. HHH08
Primary Registration District No. _____

File No. 11
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Eliza Vest Flynn

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____
(Month) (Day) (Year)

7 AGE 44 yrs. mos. da.
If LESS than 1 day, ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) unknown

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Monkey Flynn

[Address] Gain Station 1

15 Nov. 8 1924 Wm. J. M. Eaton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 2 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 1924 to Oct 2 1924
that I last saw him alive on _____ 19____
and that death occurred on the date stated above at _____
The CAUSE OF DEATH* was as follows:

Acute Bright's Disease
Arteriosclerotic type

Contributory (SECONDARY) _____
(Duration) yrs. mos. da.

Signed C. E. Reamer
Oct 11 1924 Gain Station 1

* State the DISEASE CAUSING DEATH, or, in deaths from Violence, Cause 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 DATE OF BURIAL
Flynn Cemetery Oct 3

20 UNDERTAKER None ADDRESS _____

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.