

1 PLACE OF DEATH

County JacksonCivil Dist. 12OR
Village LebenskyOR
CityRegistration District No. 44412Primary Registration District No. 12

St.;

Ward)

File No. 17Registered No. 17

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

2 FULL NAME Stellar Mable Rush

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)Single

6 DATE OF BIRTH

May 211923

(Month)

(Day)

(Year)

7 AGE

1 yrs. 4 mos. 15 ds.If LESS than
1 day, hrs.
or min.?

8 OCCUPATION

(a) Trade, profession, or
particular kind of workNone(b) General nature of industry,
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)Jackson Co Tenn10 NAME OF
FATHERThomas Rush11 BIRTHPLACE
OF FATHER
[State or country]Jackson Co Tenn12 MAIDEN NAME
OF MOTHERLottie B Harlet13 BIRTHPLACE
OF MOTHER
[State or country]Jackson Co Tenn

PARENTS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant]

N P Flatt

[Address]

Gambardo Tenn R 3

15

Filed Oct 10, 1924Jno B BillingsleyGambardo Tenn R 3

STATE OF TENNESSEE

463

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct61924

[Month]

[Day]

[Year]

17 I HEREBY CERTIFY, That I attended deceased from
on Oct 6, 1924, to 1 192that I last saw h. alive on 192and that death occurred, on the date stated above, at 6 P M

The CAUSE OF DEATH* was as follows:

Membrane below[Duration] 10 hours yrs. mos. ds.Contributory
[SECONDARY]

[Duration] yrs. mos. ds.

Signed L R Anderson M. D.Oct 10, 1924 Gambardo Tenn R 4* 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

DATE OF BURIAL

Pharris CemeteryOct 7, 1924

20 UNDERTAKER

ADDRESS

Y B Flatt Gambardo Tenn R 3

ALLEGEDLY ANSWERED BY YOUR MAILMAN

WRITE PLAINLY. IN 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 statements of OCCUPATION is very important. See instructions on back of certificate.