

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
 County Jackson
 Civil Dist. No 2
 OR
 Village Lanesboro
 OR
 City 24 Tennessee (No. _____ St.; _____ Ward)

STATE OF TENNESSEE 490
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Registration District No. 44402 File No. 7
 Primary Registration District No. _____ Registered No. 7

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

2 FULL NAME Cora Keathley

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 5 x 1906
(Month) (Day) (Year)

7 AGE 18 yrs. 8 mos. 8 ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Jackson Co Tenn

PARENTS

10 NAME OF FATHER Jake Keathley

11 BIRTHPLACE OF FATHER (State or country) Jackson Co Tenn

12 MAIDEN NAME OF MOTHER Martha Stephens

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] _____
 [Address] _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 31 1924
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 191__ to _____ 191__
 that I last saw h. alive on _____ 191__
 and that death occurred, on the date stated above, at _____ M.
 The CAUSE OF DEATH* was as follows: 31
Tuberculosis of L.P.
no Dr for some time
Dr Reeves kept out to see her
[Duration] yrs. mos. ds.

Contributory (SECONDARY) _____
[Duration] yrs. mos. ds.

Signed _____ M. D.
 _____ Address _____

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSE, 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 _____

15 Filed Jan 3 1925 Alvin McAulley REGISTRAR
 19 PLACE OF BURIAL OR REMOVAL Orighoad Cemetery DATE OF BURIAL Jan 12 1925
 20 UNDERTAKER J. A. Orighoad ADDRESS Lanesboro R