

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. # 4  
 OR  
 Village \_\_\_\_\_  
 OR  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; Ward \_\_\_\_\_)

STATE OF TENNESSEE  
 STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH  
 1001  
 Registration District No. 4404 File No. \_\_\_\_\_  
 Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Nilma Clark

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDWED, DIVORCED Single  
 (Write the word)

6 DATE OF BIRTH May 12 1908  
 (Month) (Day) (Year)

7 AGE 18 yrs. 8 mos. 15 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Davis S Clark

11 BIRTHPLACE OF FATHER (State or country) Tenn

12 MAIDEN NAME OF MOTHER Ruby Meadows

13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] J S Clark  
 [Address] Haydenburg

15  
 Filed Feb 8 1927 Pat Clark  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 27 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Jan 27 1927 to Sept 19 1926, that I last saw her alive on Sept 14 1926 and that death occurred, on the date stated above, at 8:15 A M  
 The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis  
 [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory J S Clark  
 [SECONDARY] [Duration] \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Signed J S Clark M. D.  
Jan 31 1927 Address Whitfield 2

\* 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 18 yrs. 8 mos. 15 ds. In the State 18 yrs. 8 mos. 15 ds.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence Haydenburg Tenn

19 PLACE OF BURIAL OR REMOVAL at Home DATE OF BURIAL Jan 28 1927

20 UNDERTAKER W C Good ADDRESS Willetts Tenn