

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.

# STATE OF TENNESSEE

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Jackson  
Civil Dist. # 4  
OR  
Village \_\_\_\_\_  
OR  
City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

Registration District No. H 440 C  
Primary Registration District No. \_\_\_\_\_

File No. 3244  
Registered No. 2

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

2 FULL NAME Concretia Jones

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, Married, Widow, Divorced  
(Write the word)

6 DATE OF BIRTH Jan 30, 1882  
(Month) (Day) (Year)

7 AGE 45 yrs. 13 mos. 13 ds. 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) Tennessee

10 NAME OF FATHER John Shouder

11 BIRTHPLACE OF FATHER [State or country] Tennessee

12 MAIDEN NAME OF MOTHER Rufina Clark

13 BIRTHPLACE OF MOTHER [State or country] Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
[Informant] W.C. Jones  
[Address] Whittemills

15 Filed at J-13, 1927 Patt Clark  
REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 13 1927  
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1924, to Feb 13, 1927, that I last saw her alive on Feb 13, 1927 and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH\* was as follows:  
Chronic Interstitial Nephritis  
179  
[Duration] 3 yrs. 6 mos. 13 ds.

Contributory [SECONDARY] \_\_\_\_\_  
Signed F.B. Clark M.D. M. D.  
Feb 14, 1927 Address Reel Building 8th

\* 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 Whittemills Tenn

19 PLACE OF BURIAL OR REMOVAL Shouder Cemetery DATE OF BURIAL 2-14, 1927  
20 UNDERTAKER L.W. Droper ADDRESS Gainesboro