

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
1 PLACE OF DEATH				
County <u>Jackson</u>			STATE OF TENNESSEE	
Civil Dist. <u>14</u>			STATE BOARD OF HEALTH	
OR			Bureau of Vital Statistics	
Village			CERTIFICATE OF DEATH . 7961	
OR			Registration District No. <u>444</u>	
City			Primary Registration District No. <u>14</u>	
			File No. _____	
			Registered No. _____	
			[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
2 FULL NAME <u>Dora Duke</u>				
3 SEX <u>F</u>			16 DATE OF DEATH	
4 COLOR OR RACE <u>W</u>			<u>4</u> <u>23</u> <u>1927</u>	
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>X</u>			[Month] [Day] [Year]	
6 DATE OF BIRTH <u>Nov 23</u> <u>1927</u>			17 I HEREBY CERTIFY, That I attended deceased from _____, 192__ to _____, 192__	
(Month) (Day) (Year)			that I last saw h. alive on _____, 192__	
7 AGE <u>19</u> yrs. <u>6</u> mos. <u>0</u> ds.			and that death occurred, on the date stated above, at _____ M	
If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>2056</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Pharm. Keener</u>			<u>Hum to Fever at base of death, did not know</u>	
(b) General nature of industry, business, or establishment in which employed (or employer)			<u>10 Dec - 3 Death due with tuberculosis</u>	
9 BIRTHPLACE (State or country) <u>Tenn</u>			Contributory <u>of Lungs</u>	
10 NAME OF FATHER <u>Bill Hughes</u>			[SECONDARY] [Duration] yrs. mos. ds.	
11 BIRTHPLACE OF FATHER [State or country] <u>Tenn</u>			Signed _____ M. D.	
12 MAIDEN NAME OF MOTHER <u>Bona Ramsey</u>			_____ 192__ Address _____	
13 BIRTHPLACE OF MOTHER [State or country] <u>Tenn</u>			* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR-RECENT RESIDENTS]	
[Informant] <u>Bona Hughes Mathen</u>			At place of death yrs. mos. ds. In the State yrs. mos. ds.	
[Address] <u>Duffield Tenn</u>			Where was disease contracted, if not at place of death?	
15 Filed <u>May 10 1927</u> <u>Bessie Ray</u> REGISTRAR			Former or usual residence _____	
			19 PLACE OF BURIAL OR REMOVAL <u>Bury bur</u>	
			DATE OF BURIAL <u>4 24</u> <u>1927</u>	
			20 UNDERTAKER <u>Tom Wotts</u>	
			ADDRESS <u>Seville</u>	