

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

7963

1 PLACE OF DEATH
County Jackson
Civil Dist. 12
OR
Village Bloomington R 1
OR
City _____

Registration District No. 44412
Primary Registration District No. 12

File No. 7

Registered No. 7

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

2 FULL NAME Louisa Dyer (No. _____ St.; _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH about 1878
(Month) (Day) (Year)

7 AGE about 49 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE Putnam Co Tenn
(State or country)

10 NAME OF FATHER Perry Dickers

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

12 MAIDEN NAME OF MOTHER Gordon

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Ma Young
Bloomington R 1
[Address]

15 Filed 5 5 1927 Jno B Billingsley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 19 1927
[Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from _____ 192 to _____ 192, that I last saw her alive on Jan 1927 and that death occurred, on the date stated above, at _____ M The CAUSE OF DEATH* was as follows:

T B of the lungs
No Paetor on the last
[Duration] 2 yrs. mos. ds.

Contributory [SECONDARY] Hereditary
[Duration] _____ yrs. mos. ds.
Signed J M Wheeler M. D.
May 5 1927 Address Batter Tenn

* 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.

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 Robinson cemetery DATE OF BURIAL April 20 1927

20 UNDERTAKER Oliver Grogan ADDRESS Bloomington R 1