

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. 12
 OR
 Village Cherry
 OR
 City _____ (No. _____ St.; _____ Ward)

Registration District No. 44412
 Primary Registration District No. 12

File No. 11
 Registered No. 11

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

2 FULL NAME Elora S. Chappin

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 March 17 1927
(Month) (Day) (Year)

7 AGE 7 yrs. 5 mos. 5 ds.
 If LESS than 1 day, _____ hrs. or _____ min.?

8 OCCUPATION
 (a) None
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Jackson Co Tenn
(State or country)

PARENTS

10 NAME OF FATHER Oswil Chappin

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

12 MAIDEN NAME OF MOTHER Ethel Loftis

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Ethel Chappin
Gardner R. B
 (Address)

15
 Filed Aug 11 1927 John B. Billingsley
Gardner R. B REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 24 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 18 1927 to Death 1927
 that I last saw her alive on Aug 23 1927
 and that death occurred, on the date stated above, at 2 P M
 The CAUSE OF DEATH* was as follows: Pneumonia 1016
(Duration) _____ yrs. _____ mos. _____ ds.

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

Signed L. R. Anderson M. D.
Aug 11 1927 Address Gardner R 4

* 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 Hot Country DATE OF BURIAL Aug 25 1927
 20 UNDERTAKER H. M. Lock Gardner R 3 ADDRESS _____