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

20190

1 PLACE OF DEATH

County Jackson

Civil Dist. 11 or Village or City (No. , St.; Ward)

Registration District No. 44411

Primary Registration District No. 11

File No.

Registered No. 7

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

2 FULL NAME Julia Maurine Wade

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Female
4 COLOR OR RACE	W
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single
6 DATE OF BIRTH	6 (Month) 19 (Day) 1925 (Year)
7 AGE	2 yrs. 3 mos. 2 ds.
If LESS than 1 day, ... hrs. or ... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work	Infant.
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	Tenn
PARENTS 10 NAME OF FATHER	Bill Wade
11 BIRTHPLACE OF FATHER [State or country]	Tenn
12 MAIDEN NAME OF MOTHER	Lela Vinson
13 BIRTHPLACE OF MOTHER [State or country]	Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Bill Wade

[Address] Gainesboro R 3

15 Filed 10/10 1927 L L Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 [Month] 21 [Day] 1927 [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 10 1927, to Sept 21, 1927, that I last saw her alive on Sept 21, 1927 and that death occurred, on the date stated above, at 8 AM

The CAUSE OF DEATH* was as follows:

Flux or Chron ~~acute~~ Cholera Infantum. 114

[Duration] yrs. mos. 45 ds.

Contributory [SECONDARY] Broncho Pneu.

[Duration] yrs. mos. 1 ds.

Signed L L Anderson M. D.

9/22 1927 Address Gainesboro

* 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 Vinson Cem — DATE OF BURIAL 9/22 1927

20 UNDERTAKER Lem Ragland — ADDRESS Gainesboro R3