

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 statements of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Jackson
 Civil Dist. F A
 OR
 Village _____
 OR
 City _____ (No. _____ St.; _____ Ward)

STATE OF TENNESSEE
 STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 22387
 CERTIFICATE OF DEATH
 Registration District No. 44404
 Primary Registration District No. _____
 File No. 6
 Registered No. _____
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Yellan Malaine Glover

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Aug 15 1924
 (Month) (Day) (Year)

7 AGE 2 yrs. 1 mos. 29 ds.
 If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER William Glover

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Assie Burn

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 [Informant] Charlie Glover
 [Address] Red Bailing Spgs

15 Filed 10-15-27 Pat Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 14 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 25 1927 to Oct 14 1927
 that I last saw her live on Oct 13 1927
 and that death occurred, on the date stated above, at 9 P M
 The CAUSE OF DEATH* was as follows:
Acute interstitial nephritis
1096
 [Duration] _____ yrs. 1 mos. 6 ds.
 Contributory Infected tonsils
 [SECONDARY] _____ [Duration] 2 yrs. _____ mos. _____ ds.
 Signed H.B. Clark M. D.
Oct 15 1927 Address Red Bailing Spgs

* State the DISEASE CAUSING DEATH, or, in deaths from OBVIOUS 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 Red Bailing Spgs Tenn

19 PLACE OF BURIAL OR REMOVAL Glover cemetery DATE OF BURIAL 10-15-27

20 UNDERTAKER Lou Will ADDRESS Willetts Tenn