

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.

1 PLACE OF DEATH

County Jackson  
 Civil Dist. 5th  
 or  
 Village Granville  
 or  
 City \_\_\_\_\_ (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics

CERTIFICATE OF DEATH

24530  
 File No.

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registered No. \_\_\_\_\_

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

2 FULL NAME Lola McKinley

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH \_\_\_\_\_  
 (Month) (Day) (Year)

7 AGE about 25 yrs. mos. ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Peru

10 NAME OF FATHER James Stanton

11 BIRTHPLACE OF FATHER [State or country] Jackson

12 MAIDEN NAME OF MOTHER Lama Myers

13 BIRTHPLACE OF MOTHER [State or country] Jackson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 [Informant] J. M. Watts & Co

[Address] Granville

15 Filed Dec 13, 1927 H. S. Holliman  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 14, 1927  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from Aug 27, 1927, to Oct 13, 1927, that I last saw her alive on Oct 13, 1927 and that death occurred, on the date stated above, at 6 a.m.  
 The CAUSE OF DEATH\* was as follows:  
Typhoid fever

[Duration] \_\_\_\_\_ yrs. mos. ds.

Contributory [SECONDARY] \_\_\_\_\_  
 [Duration] \_\_\_\_\_ yrs. mos. ds.

Signed L. M. Freeman M. D.  
 192 \_\_\_\_\_ Address Granville Peru

\* 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 Freeman Chapel DATE OF BURIAL Sept 14, 1927

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_