STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

27050

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. 3
OR
Village
OR
City (No. , St.; Ward)

Registration District No. 4 44
Primary Registration District No. 3
File No.
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Rebeca Cook

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: f
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): X

6 DATE OF BIRTH: Feb 12 (Month) (Day), 1883 (Year)

7 AGE: 45 yrs. 11 mos. 4 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): Tenn

PARENTS

10 NAME OF FATHER: Lork Cunal
11 BIRTHPLACE OF FATHER [State or country]: Tenn
12 MAIDEN NAME OF MOTHER: Dont No
13 BIRTHPLACE OF MOTHER [State or country]: Dont No

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Georgie Cunningham Child
[Address] Old Hickory

15
Filed 192
Barry Ray. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec (Month) 2 (Day), 1927 (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 10 1925 to Dec 1, 1927, that I last saw h[illegible] alive on Dec 1, 1927 and that death occurred, on the date stated above, at 5 AM
The CAUSE OF DEATH* was as follows: 31

Tuberculosis of Lungs

[Duration] yrs. mos. ds.

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

Signed Dr. C. W. Roberson M. D.
Dec 2 1927 Address Dyllatie

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

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: Howell Cemetery
DATE OF BURIAL: Dec 4 1927
20 UNDERTAKER: Lon Witt
ADDRESS: Willette Tenn