STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

27051

CERTIFICATE OF DEATH

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. 14

OR Village

OR City (No. St.; Ward)

Registration District No. 444

Primary Registration District No. 83

File No.

Registered No.

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

2 FULL NAME Sallie Lawson

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: July (Month) 18 (Day) 1834 (Year)

7 AGE: 93 yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country): Virginia

PARENTS

10 NAME OF FATHER: Dont No

11 BIRTHPLACE OF FATHER [State or country]: Virginia

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] John Brow.

[Address] Difficult

15

Filed 192

Benny Ray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Dec [Month] 26 [Day] 1927 [Year]

17 I HEREBY CERTIFY, That I attended deceased from Dec 1 192 7, to 192, that I last saw h[illegible] alive on Dec 5 1927 and that death occurred, on the date stated above, at [illegible] M

The CAUSE OF DEATH* was as follows: 101 b

Pneumonia & Lungs

[Duration] yrs. mos. ds.

Contributory [SECONDARY]

[Duration] yrs. mos. ds.

Signed Dr C.W. Robertson M. D.

Dec 6 1927 Address Difficult

* 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: John Brow

DATE OF BURIAL: Dec 27 1927

20 UNDERTAKER: Difficult

ADDRESS